

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

X

Standard

_____ Tornado Drill (2 required)(1 in March)

Class Change

X Shelter in Place (1 required)

Recess

_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School:

Cannonsburg

Date of Drill:

1/9/2020

Time Drill was held:

9:40

(a.m.)/p.m.)

Exact time required to evacuate/shelter/secure:

2 min 9 sec.

Total Participants:

200

Remarks:

Everyone did great. All

doors were locked. Great job

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20____/20____

Tornado# _____

out of 2 for school year 20____/20____

Shelter IP# 2

out of 1 for school year 2019/2020

Lockdown# _____

out of 2 for school year 20____/20____

Cardiac# _____

out of 1 for school year 20____/20____

Name of person conducting drill:

Matt Zokoe

Title of person conducting drill:

Principal

Signature of person conducting drill:

Matthew Zokoe

Fire (fire chief or designee) present

Name and Title: _____

**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**