

School Emergency Drills Documentation Form

Type of Drill:

☒ Fire Drill (5 required)(3 by 12/1)

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

☐ Shelter in Place (1 required)

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

☐ Cardiac Drill (1 required by 10/31)

Time of Drill:

☒ Standard

☐ Class Change

☐ Recess

☐ Lunch

Name of Reporting School: North Rockford MS

Date of Drill: 10/1/20 Time Drill was held: 7:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 900 Remarks: _____

This report is for Emergency Drill Fire# 1 out of 5 for school year 2020/2021

Tornado# _____ out of 2 for school year 20____/20____

Shelter IP# _____ out of 1 for school year 20____/20____

Lockdown# _____ out of 2 for school year 20____/20____

Cardiac# _____ out of 1 for school year 20____/20____

Name of person conducting drill: Al Reickard

Title of person conducting drill: NRMS Asst. Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: _____

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