

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

✓ Standard

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

_____ Class Change

_____ Shelter in Place (1 required)

_____ Recess

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

_____ Lunch

_____ Cardiac Drill (1 required by 10/31)

Name of Reporting School: North Rockford m.s.

Date of Drill: 10/6/20 Time Drill was held: 12:30 (a.m./p.m.) ⓐ

Exact time required to evacuate/shelter/secure: _____

Total Participants: _____ Remarks: _____

This report is for Emergency Drill

Fire#	<u>2</u>	out of 5 for school year 20 <u>20</u> /20 <u>21</u>
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 REICHERD

Title of person conducting drill: 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**