

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

X Standard

X 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)

Name of Reporting School: PARKSIDE ELEMENTARY

Date of Drill: 10/16/20

Time Drill was held: 10:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: done in-class due to COVID protocol.

Total Participants: 300 Remarks: 1 of 2 Tornado Drills

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# | _____ | 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: LAURENCE D. WATERS

Title of person conducting drill: PRINCIPAL

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: PSO MICHAEL THOMAS [Signature]

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