

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

____ 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 MS

Date of Drill: 3-23-21

Time Drill was held: 9:52 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 5 min.

Total Participants: 900 Remarks: tabletop instructions

This report is for Emergency Drill

Fire# _____ out of 5 for school year 20__ /20__

Tornado# 2 out of 2 for school year 2020/2021

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: Asst. Principal

Signature of person conducting drill:

Fire (fire chief or designee) present

Name and Title: JASM Braduey . P.S.O.

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