

**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

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

X Lunch

_____ Cardiac Drill (1 required by 10/31)

Name of Reporting School:

Rockford Freshman Center

Date of Drill:

2/3/21

Time Drill was held:

10:20 (a.m./p.m.)

Exact time required to evacuate/shelter/secure:

2:38

Total Participants:

660

Remarks: _____

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:

Tom Hostford

Title of person conducting drill:

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