

**School Emergency Drills  
Documentation Form**

Type of Drill:

X 9-21-21  
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:

X \_\_\_\_\_ Standard

\_\_\_\_\_ Class Change

\_\_\_\_\_ Recess

\_\_\_\_\_ Lunch

Name of Reporting School: East Rockford Middle School

Date of Drill: 9-21-21 Time Drill was held: 1:35 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3 min.

Total Participants: 800 Remarks: \_\_\_\_\_

This report is for Emergency Drill

Fire# <u>2</u>	out of 5 for school year 20 <u>21</u> /20 <u>22</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: Kyle Arvink

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: Kyle Arvink

Fire (fire chief or designee) present

Name and Title: \_\_\_\_\_

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