

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 by 10/31)

Name of Reporting School: East Rockford Middle School

Date of Drill: 10-6-21 Time Drill was held: 9:52 (a.m./p.m.)

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

Total Participants: 820 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20__ /20__

Tornado# 1 out of 2 for school year 2021 /20 22

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 Arick

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: Kyle Arick

Fire (fire chief or designee) present

Name and Title: _____

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