School Emergency Drills Documentation Form

Type of Drill:			<u>Time of Drill</u> :	
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:	+ Rockford Mi	ddly	School	
Date of Drill:				
Total Participants:				
This report is for Emergency Drill	Fire#	out of 5	for school year 2	0 <u>21</u> /20 <u>22</u>
	Tornado#	out of 2 f	or school year 2	0/20
	Shelter IP#	out of 1 f	or school year 20	0/20
	Lockdown#	out of 2 f	or school year 20	0/20
	Cardiac#	out of 1	for school year 2	0/20
Name of person conducting drill:	Lyle Avrile			
Title of person conducting drill:	Asst. Vincipa	<u> </u>		
Signature of person conducting drills	- Kyle	(hid	,	
Fire (fire chief or designee) present Name and Title:	.			

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