

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

X 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)

_____ Lunch

_____ Cardiac Drill (1 required by 10/31)

Name of Reporting School: North Rockford Middle School

Date of Drill: 11/05/21

Time Drill was held: 12:38 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 900+ 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# 2 out of 2 for school year 2021/2022

Cardiac# _____ out of 1 for school year 20__/20__

Name of person conducting drill:

Lissa Weidenfeller

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**