School Emergency Drills Documentation Form

Type of Drill:		<u>Time of Dril</u>	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	
Lock Down (2 required)(1	an 1)	Lunch		
Cardiac Drill (1 required by	10/31)			
Name of Reporting School: Postering School: Post	ERROND III	ll'. Z vas held: (1//2)/0/0	((a.m.) _p .m.)	
0		_		
Total Participants (1000)	Remarks:			
This report is for Emergency Drill	Fire# Tornado#	out of 5 for school yea		
	Shelter IP#	out of 1 for school year		
	Lockdown#	out of 2 for school year	- 20 <u>20</u>	
	Cardiac#	out of 1 for school yea	r 20/20	
Name of person conducting drill: Title of person conducting drill: Signature of person conducting drill	Tom Host Pruncip	and		
Fire (fire chief or designee) present Name and Title:				

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