

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

___X___ 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 Freshman Center _____

Date of Drill: ___2/03/2022_____ Time Drill was held: ___12:30_pm_____ (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____ 5.31 min _____

Total Participants: ___Entire School_____ 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# ___1___	out of 1 for school year 2021_/2022_
Lockdown# _____	out of 2 for school year 20___/20___
Cardiac# _____	out of 1 for school year 20___/20___

Name of person conducting drill: _____ Derek Dillon _____

Title of person conducting drill: _____ Assistant Principal _____

Signature of person conducting drill: _____  _____

Fire (fire chief or designee) present

Name and Title: _____

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