

**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:

Rockford High School

Date of Drill: 2.2.22

Time Drill was held: 8:40 (a.m./p.m.)

Exact time required to evacuate/shelter/secure:

5 minutes

Total Participants: 2,000

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:

Tom Hasford

Title of person conducting drill:

Principal

Signature of person conducting drill:

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Fire (fire chief or designee) present

Name and Title: _____

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