

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

_____ Standard

___X___ 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 Freshman Center _____

Date of Drill: _____ 3/11/2022 _____

Time Drill was held: _____ 7:45 _____ (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____ Appr _____

Total Participant Entire School Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20____/20____

Tornado# _____ 2 _____ out of 2 for school year 2021/2022

Shelter IP# _____ out of 1 for school year 20____/20____

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: _____  A.P. _____

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