

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)

Name of Reporting School: Lakes Elementary

Date of Drill: 04/20/22

Time Drill was held: 12:30 p.m.

Exact time required to evacuate/shelter/secure: 2.5 minutes to check

Total Participants: 548 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# <u>2</u>	out of 2 for school year 2021/2022
	Cardiac# _____	out of 1 for school year 20__ /20__

Name of person conducting drill: Mindy McGinn

Title of person conducting drill: 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**