

**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 High School

Date of Drill: 5.17.22

Time Drill was held: 12:10 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 15 minutes checking doors

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# 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:

Tom Hosford

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