School Emergency Drills

Documentation Form

Type of Drill			Time of Drill	
Fire Drill (5 required)Tornado Drill (2 required)Lock Down/Shelter in Place(3 required)	Drill		Standard Class Change Recess Other Events	
Name of reporting school:				
Date of drill:	Time drill was held	:		(pm/am)
Exact time required to evacuate/sho	elter/secure:			
Total participants:				
Remarks:				
This report is for emergency drill # for school year Name of person conducting drill:				
Title of person conducting drill:				
Signature of person conducting drill	Chris Bern			
Drill Was <i>Coordinated</i> With:				
County/Local Emergency Management Coordinator or designee Name & Title				
AND				
Law Enforcement (county sheriff or chief of police or designee or MSP) Name & Title				
OR				
Fire (fire chief or designee) Name & Title				