School Emergency Drills

Documentation Form

Type of Drill			Time of Drill	
Fire Drill (5 required)Tornado Drill (2 required)Lock Down/Shelter in Place D(2 required)	Prill		Standard Class Change Recess Other Events	
Name of reporting school:				
Date of drill:	_ Time drill was held:			(pm/am)
Exact time required to evacuate/she	lter/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:	Or Day			
Drill Was <i>Coordinated</i> With:				
County/Local Emergency Ma Name & Title				
AND				
Law Enforcement (county shows a little	•		-	
OR				
Fire (fire chief or designee) Name & Title				