## School Emergency Drills

**Documentation Form** 

	Type of Drill		Time of Drill	
	Fire Drill (5 required) Tornado Drill (2 required) Lock Down/Shelter in Place Drill (2 required)	 	Standard Class Change Recess Other Events	
Name of reporting school:				
Date o	f drill: Time drill was hel	d:		_ (pm/am)
Exact time required to evacuate/shelter/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:				
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			