

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

X 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
_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1) _____ Lunch
_____ Cardiac Drill (1 required)

Name of Reporting School: Kate Trolle

Date of Drill: 10/18/24 Time Drill was held: 9:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1:30 min

Total Participants: 307 Remarks: _____

This report is for Emergency Drill Fire# 2 out of 5 for school year 2024/2025
Tornado# _____ out of 2 for school year 20____/20____
Shelter IP# _____ out of 1 for school year 20____/20____
Lockdown# _____ out of 2 for school year 20____/20____
Cardiac# _____ out of 1 for school year 20____/20____

Name of person conducting drill: Kate Trolle

Title of person conducting drill: Admin. Asst.

Signature of person conducting drill: Kate Trolle

Fire (fire chief or designee) present
Name and Title: _____

**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**