

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

_____ 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 by 10/31)

Name of Reporting School: Parkside Elementary

Date of Drill: 11/12/24 Time Drill was held: 2:30 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 10 minutes

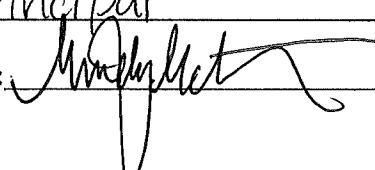
Total Participants: 205 Remarks: _____

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# <u>1</u>	out of 1 for school year 20 <u>24</u> /20 <u>25</u>
Lockdown# _____	out of 2 for school year 20__ /20__
Cardiac# _____	out of 1 for school year 20__ /20__

Name of person conducting drill: Mindy McGinn

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**