

**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: _____

River Valley Academy

Date of Drill: 9-24-24

Time Drill was held: 9:15 (a.m./p.m.)

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

Total Participants: 30 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# _____ out of 1 for school year 20__/20__

Lockdown# 1 out of 2 for school year 20 24/20 25

Cardiac# _____ out of 1 for school year 20__/20__

Name of person conducting drill: _____

Jenny Thompson

Title of person conducting drill: _____

Director of Safety

Signature of person conducting drill: _____

Jenny Thompson

Fire (fire chief or designee) present
Name and Title: Jason Bradley P.S.O

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