

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

X

Standard

_____ Tornado Drill (2 required)(1 in March)

Class Change

X 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: _____

Cannonsburg

Date of Drill: 12-9-22

Time Drill was held: 10:15

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 220

Remarks: _____

All doors were

locked. Everyone did great!

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# 1

out of 1 for school year 2022/2023

Lockdown# _____

out of 2 for school year 20__ /20__

Cardiac# _____

out of 1 for school year 20__ /20__

Name of person conducting drill: _____

Matt Zokoe

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

Matt Zokoe

Fire (fire chief or designee) present

Name and Title: _____

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