

# 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: East Rockport Middle School

Date of Drill: 3-28-23 Time Drill was held: 2:00 (a.m./pm)

Exact time required to evacuate/shelter/secure: 2:37 (min)

Total Participants: 780 Remarks: \_\_\_\_\_

This report is for Emergency Drill

Fire#	_____	out of 5 for school year 20__/20__
Tornado#	<u>2</u>	out of 2 for school year 20 <u>22</u> /20 <u>23</u>
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: Bob Wells

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: [Signature]

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

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