

School Emergency Drills Documentation Form

<u>Type of Drill:</u>	<u>Time of Drill:</u>
<input type="checkbox"/> Fire Drill (5 required)(3 by 12/1)	<input checked="" type="checkbox"/> Standard
<input type="checkbox"/> Tornado Drill (2 required)(1 in March)	<input type="checkbox"/> Class Change
<input checked="" type="checkbox"/> Shelter in Place (1 required)	<input type="checkbox"/> Recess
<input type="checkbox"/> Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)	<input type="checkbox"/> Lunch
<input type="checkbox"/> Cardiac Drill (1 required by 10/31)	

Name of Reporting School: Rockford Freshman Center

Date of Drill: 11/01/2022 Time Drill was held: 7:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:29

Total Participants: ALL Remarks: _____

1 administrator and security in attendance for clearance.

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 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: Derek Dillon

Title of person conducting drill: Assistant 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**