

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

2

Standard

X 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:

Rockford High

Date of Drill:

2-23-23

Time Drill was held:

8:38

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

6 minutes

Total Participants:

2,000

Remarks: _____

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__ /20__

Tornado# 1

out of 2 for school year 22/2023

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:

Tom Hasford

Title of person conducting drill:

Principal

Signature of person conducting drill:

Tom Hasford

Fire (fire chief or designee) present

Name and Title: _____

MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL

FAX NUMBER 866-7112