

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

_____ Shelter in Place (1 required)

Recess

1 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:

Freshman Center

Date of Drill:

9/24/24

Time Drill was held:

7:48

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

3:28

Total Participants:

All

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 24/2025

Cardiac# _____

out of 1 for school year 20__/20__

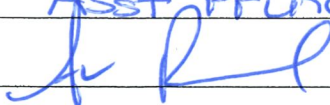
Name of person conducting drill:

Al Reickerd

Title of person conducting drill:

Asst 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**