

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

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)

Name of Reporting School: Holly Combs

Date of Drill: 9/20/24 Time Drill was held: 9:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 min. 17 sec.

Total Participants: _____ Remarks: _____

This report is for Emergency Drill Fire# 1 out of 5 for school year 2024 /2025

Tornado# _____ out of 2 for school year 20____/20____

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: Holly Combs

Title of person conducting drill: Admin. Asst.

Signature of person conducting drill: Holly C Combs

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

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