

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)

10:45 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: RVA

Date of Drill: 10-10-24 Time Drill was held: 10:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: One minute

Total Participants: 30 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20__ /20__

Tornado# 1 out of 2 for school year 2024/2025

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: Cecily Walcowski

Title of person conducting drill: Admin Assistant

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**