School Emergency Drills Documentation Form

	Type of Drill:		<u>Time of Drill</u> :	
	Fire Drill (5 required)(3 by	12/1)		Standard
	Tornado Drill (2 required)(1 in March)			Class Change
	Shelter in Place (1 required	1)	<u> </u>	Recess
	Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)			Lunch
	Cardiac Drill (1 required by 2	10/31)		
	Name of Reporting School: North Rockford Middle School			
	Date of Drill: Time Drill was held: (a.m/p.m.) Exact time required to evacuate/shelter/secure: Total Participants: Remarks:			
3- tech	This report is for Emergency Drill - 744 749 749 749 749 Name of person conducting drill:	Fire# Tornado# Shelter IP# Lockdown# Cardiac#	out of 2 for school year 2 out of 1 for school year 2	20/20 20/20 20/20
	Signature of person conducting drill:			
	Fire (fire chief or designee) present Name and Title:	457 C		

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

913