

School Emergency Drills Documentation Form

Type of Drill

Time of Drill

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Fire Drill (5 required) | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Tornado Drill (2 required, one in March) | <input type="checkbox"/> Class Change |
| <input type="checkbox"/> Lock Down (3 required) | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Lockdown (recess or cafeteria) | <input type="checkbox"/> Other Events |
| <input type="checkbox"/> Lockdown (Air handlers off, reacting to hazardous material) | |

Name of Reporting School: _____

Date of Drill: 10/10/17 Time drill was held: 11:00 (pm/am)

Exact time required to evacuate/shelter/secure: 1:27

Total Participants: 334

Remarks: _____

This report is for emergency drill # 2 for school year 2017-2018

Name of person conducting drill: JOSEPH L. CARLSON

Title of person conducting drill: PRINCIPAL

Signature of person conducting drill: *Joseph L. Carlson*

Drill Was Coordinated With:

Emergency Management Coordinator
Name & Title *[Signature]*

AND

Law Enforcement (county sheriff or chief of police or designee or MSP)
Name & Title _____

OR

Fire (fire chief or designee)
Name & Title _____