

School Emergency Drills Documentation Form

<u>Type of Drill</u>	<u>Time of Drill</u>
<input type="checkbox"/> Fire Drill (5 required)	<input type="checkbox"/> Standard
<input type="checkbox"/> Tornado Drill (2 required)	<input type="checkbox"/> Class Change
<input type="checkbox"/> Lock Down/Shelter in Place Drill (3 required)	<input type="checkbox"/> Recess
	<input type="checkbox"/> Other Events

Name of reporting school: _____

Date of drill: _____ Time drill was held: _____ (pm/am)

Exact time required to evacuate/shelter/secure: _____

Total participants: _____

Remarks: Classes took less than a minute to secure. An additional 5 minutes were spent testing communication procedures.

This report is for emergency drill # _____ for school year _____.

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: Chris Bernard

Drill Was **Coordinated** With:

County/Local Emergency Management Coordinator or designee
Name & Title _____

AND

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

OR

Fire (fire chief or designee)
Name & Title _____