

# SCHOOL EMERGENCY DRILLS DOCUMENTATION FORM

## Type of Drill

- ☐ Fire Drill (5 required)
- ☐ Tornado Safety Drill (2 required)
- ☐ Shelter in Place Drill
- ☐ Lockdown (3 required)

## Name of Reporting School:

Name of person conducting drill:

Title of person conducting drill:

Date of Drill: \_\_\_\_\_ Time drill was held: ☐ AM ☐ PM

Exact time required to evacuate/shelter/secure: \_\_\_\_\_

Total Participants:

This report is for emergency drill #  for school year

Remarks:

## Drill was coordinated with:

☐ Emergency Management Coordinator

*[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:]*

**Principal's Signature** \_\_\_\_\_

\* Approved Alternative Sign by Admin Asst. \_\_\_\_\_