

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.* _____