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