

School Emergency Drills
Documentation Form

<u>Type of Drill</u>	<u>Time of Drill</u>
___ Fire Drill (5 required)	___ Standard
___ Tornado Drill (2 required)	___ Class Change
___ Lock Down/Shelter in Place Drill (2 required)	___ Recess
	___ 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: _____

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

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: *R. Willard*

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 _____