School Emergency Drills

Documentation Form

Type	of Drill			Time of Drill		
	orill (5 required) ado Drill (2 required)			Standard Class Change		
Lock Down/Shelter in Place Drill				Recess		
	juired)	71 III		Other Events		
(, ,					
Name of repo	orting school:					
Date of drill:		_ Time drill was held:			(pm/am)	
Exact time re	quired to evacuate/she	lter/secure:				
Total particip	oants:					
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: Javon Smyslor						
Drill Was Coo	ordinated With:					
Drill Was Coc	rainatea 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 (1	fire chief or designee)					
Name	e & Title					