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   ___   Recess
         (2 required)   ___   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: ___Chris Bernard_____

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 _____