

School Emergency Drills
Documentation Form

Type of Drill

Time of Drill

- | | |
|--|------------------|
| ___ Fire Drill (5 required) | ___ Standard |
| ___ Tornado Drill (2 required) | ___ Class Change |
| ___ Lock Down/Shelter in Place Drill
(3 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: _____

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 _____