

School Emergency Drills
Documentation Form

Type of Drill

Time of Drill

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Fire Drill (5 required) | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Tornado Drill (2 required) | <input type="checkbox"/> Class Change |
| <input type="checkbox"/> Lock Down/Shelter in Place Drill
(2 required) | <input type="checkbox"/> Recess |
| | <input type="checkbox"/> 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 _____