

School Emergency Drills Documentation Form

Type of Drill

- Fire Drill (6 required)
- Tornado Drill (2 required)
- Lock Down/Shelter in Place Drill (2 required)

Time of Drill

- Standard
- Class Change
- 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: Michael T. Myers

Title of person conducting drill: Principal

Signature of person conducting drill: 

Drill Was Coordinated With:

- Emergency Management Coordinator
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 _____