

School Emergency Drills
Documentation Form

Type of Drill

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

Name of Reporting School: _____

Date of Drill: _____ Time drill was held: _____ (am/pm)

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 the drill: _____

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 _____