

# SCHOOL EMERGENCY DRILLS DOCUMENTATION FORM

**Type of Drill**

- Fire Drill (5 required)
- Tornado Safety Drill (2 required)
- Shelter in Place Drill
- Lockdown (3 required)

**Name of Reporting School:**

Name of person conducting drill:

Title of person conducting drill:

Date of Drill: \_\_\_\_\_ Time drill was held: \_ AM \_ PM

Exact time required to evacuate/shelter/secure: \_\_\_\_\_

Total Participants:

This report is for emergency drill # \_\_\_ for school year \_\_\_\_\_

Remarks:

**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:]*

**Principal's Signature** \_\_\_\_\_

\* Approved Alternative Sign by Admin Asst. \_\_\_\_\_