

School Emergency Drills Documentation Form

Type of Drill

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

Type of Drill

- Standard
- Class Change
- Recess
- Other Events

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: _____