



SCHOOL EMERGENCY DRILLS

Documentation Form

Grades Kindergarten to 12

<u>Type of Drill</u>	<u>Time of Drill</u>
<input type="checkbox"/> Fire Drill (5 required)	<input type="checkbox"/> Standard <input type="checkbox"/> Class Change
<input type="checkbox"/> Tornado Drill (2 required)	<input type="checkbox"/> Recess <input type="checkbox"/> Lunch
<input type="checkbox"/> Lockdown/Shelter-in-Place Drill (3 required)	<input type="checkbox"/> Other Event

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 and title of person conducting drill: _____

Signature of person conducting drill: _____

Drill was coordinated with:

- Emergency Management Coordinator

Name and Title: _____

AND

- Law Enforcement (county sheriff or chief of police or designee or MSP)

Name and Title: _____

OR

- Fire (fire chief or designee)

Name and Title: _____

Note: Please scan and email this form to linda.spletzer@nilesschools.org and enter above information on NCS emergency drill schedule Google doc.

12/19/17