School Emergency Drills
Documentation Form

Type of Drill

- [x] Fire Drill (5 required)
- [ ] Tornado Drill (2 required)
- [ ] Lock Down/Shelter in Place Drill (3 required)

Time of Drill

- [ ] Standard
- [ ] Class Change
- [ ] Recess
- [ ] Other Events

Name of Reporting School: Springview and Evergreen Elementary

Date of Drill: Sept 27 Time drill was held: 9 55 (pm) (am)

Exact time required to evacuate/shelter/secure: _____

Total Participants: building

Remarks: _____

This report is for emergency drill # 2 for school year 16-17.

Name of person conduction drill: Sean Coffey

Title of person conducting drill: Custodial Supervisor

Signature of person conducting drill: Sean Coffey

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 _____