



School Emergency Drills

3432F1

Name of reporting school _____

Date of drill _____

Total participants _____

Start time of drill _____

End time of drill _____

Total drill time _____

Drill:

Type of drill:

Fire drill/Evacuation

Standard

Earthquake drill

Table top

Lockdown drill

Other _____

Shelter

Other _____

Remarks _____

Name of person conducting the drill _____

Title of person conducting the drill _____

Signature of person conducting the drill _____

Sonitrol Contacted by: _____

Drill was coordinated with:

District staff

Name and title _____

And

Law enforcement/SRO

Name and title _____

Or

Fire Department

Name and title _____