

School Emergency Drills

Documentation Form

Type of Drill	Time of Drill
<input type="checkbox"/> Fire Drill (6 required)	<input checked="" type="checkbox"/> Standard
<input type="checkbox"/> Tornado Drill (2 required)	<input type="checkbox"/> Class Change
<input checked="" type="checkbox"/> Lock Down/Shelter in Place Drill (2 required)	<input type="checkbox"/> Recess
	<input type="checkbox"/> Other Events (Lunch Hour)

Name of Reporting School: Stem Central

Date of Drill: 11/14/22 Time drill was held: 1:32pm
Exact time required to evacuate/shelter/secure: 1:34pm

Total Participants: 19

Remarks: Red/green/yellow cards for classrooms

This report is for emergency drill # _____ for the school year _____.

Name of person conducting drill: Gail Fox
Title of person conducting drill: Communications Director

Signature of person conducting drill: [Signature]

Drill Was Coordinated With:

☐ Emergency Management Coordinator

Name & Title _____

And

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

Name & Title

Matthew W. Osterwal School Resource Officer
[Signature]