

### SCHOOL DRILL DOCUMENTATION

DISTRICT NAME AND NUMBER	SCHOOL NAME	PRINCIPAL IN CHARGE
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DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>EVACUATION 1</b>	<b>FIRE</b>								
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Fire Official's Initials to certify that a school evacuation drill was conducted while present _____									

DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>EVACUATION 2</b>	<b>FIRE</b>								
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Fire Official's Initials to certify that a school evacuation drill was conducted while present _____									

DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>EVACUATION 3</b>	<b>FIRE</b>								
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Local Fire Official Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Fire Official's Initials to certify that a school evacuation drill was conducted while present _____									

DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>BUS EVACUATION 1</b>									
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Drill accounted for in Curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No Curriculum includes instruction safe bus riding practices for all students? <input type="checkbox"/> Yes <input type="checkbox"/> No									

DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>SHELTER IN PLACE 1</b>	<b>TORNADO</b>								
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Local First Responder Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Local First Responder's Initials to certify that a shelter-in-place drill was conducted while present _____									

DRILL TYPE	INCIDENT TYPE	SIMULATED CONDITION	DATE	TIME					
<b>LAW ENFORCEMENT 1</b>									
Initials of Key School Participants and Backups			Evaluation of Drill Objectives (Check "S" for satisfactory or "I" for improvement(s) needed.)						
Discovery	Leader	Monitor	Spokesperson	Recorder	Notification Effectiveness	Planned Response Understood	Movement to Safe Area	First Responder Communication	Accounting for Occupants
					<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I	<input type="checkbox"/> S <input type="checkbox"/> I
Local Law Enforcement Present? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Law Enforcement's Initials to certify that a school lockdown drill was conducted while present _____									

CC: Appropriate Regional Superintendent or OSFM if non-public school