



Please send completed form via email

To: Environmental Health Safety
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REPORT OF EMERGENCY DRILLS AND/OR TRAINING

School/Facility _____

Date of Drill/Training _____

Number of Students _____

Time Began _____

Time Completed _____

Time Required for Evacuate _____

STATE REQUIREMENTS

Lockdown/Aggressor/Shooter: 1 within first 10 days, then monthly **Total = 10**

Fire: 2 within first 30 days, then monthly **Total = 11**

Tornado: Minimum = Annual Statewide Tornado Drill

*Please Complete within first or second week of
February.*

Type of Drill

☐

Lockdown/Aggressor/Shooter

☐

Fire

☐

Tornado

Type of Training

☐

Lockdown/Aggressor/Shooter

☐

Fire

☐

Tornado

Comments

Authorized Signature

Printed Name

Title