



EMERGENCY EVENT/DRILL REPORT

(COMPLETE AND RETAIN FOR CURRENT SCHOOL YEAR)

Please check one:

Fire

Alternate site evacuation

Lockdown

Other: _____
(please specify)

Facility name: _____

Date: _____ Time: _____ Total Evacuation time: _____

Fire alarm activation method: _____
(location of pull station used)

Unusual conditions: _____
(weather, construction, temporary exits)

Concerns/Comments:

Person(s) conducting drill: _____

Signature(s): _____

Copy of report is to be submitted to Safety Officer if there are any concerns identified during the drill.