# School Emergency Drills
## Online Documentation Form

**Type of Drill**

- [x] Fire (5 required)
- [ ] Tornado (2 required)
- [ ] Lock Down/Shelter in Place (3 required)

**Time of Drill**

- [x] Standard
- [ ] Class Change
- [ ] Recess
- [ ] Lunch

Name of Reporting School: CES

Date of Drill: 9/24/21 Time drill was held: 2:15 (am / pm)

Exact time required to evacuate / shelter / secure: 2 min 14 sec

Total Participants: 379

Remarks: _____

This report is for emergency drill # 1 of 10 for the school year 2018-19.

Name of person conducting the drill: John Klein

Title of person conducting the drill: Principal

Signature of person conducting the drill: _____

Outside agency assisted with the drill or was coordinated with (*select all that apply*):

- [x] Not Applicable
- [ ] Emergency Management Coordinator
  Name & Title _____
- [ ] Law Enforcement (county sheriff or chief of police or designee or MSP)
  Name & Title _____
- [ ] Fire (fire chief or designee)
  Name & Title _____