



**Please send completed form via email**

To: Environmental Health Safety  
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Juan Williams, Code Enforcement

**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**

**Type of Training**

Lockdown/Aggressor/Shooter

Lockdown/Aggressor/Shooter

Fire

Fire

Tornado

Tornado

Comments

Large empty box for comments.

Authorized Signature

Printed Name

Title