FIRE or EVACUATION DRILL REPORT					
SCHOOL:					
PRINCIPAL:	PRINCIPAL'S S	PRINCIPAL'S SIGNATURE:			
DATE:	TIME OF DRILL:				
NUMBER OF STUDENTS TAKING PART:		(When Applicable) NO. OF BUSES			
TIME REQUIRED TO COMPLETE EVACUATION:	MIN.	SEC.			
TVPE OF PRIVI			Drill No.		
TYPE OF DRILL:			for Year		
Group A: Minimum of one (1) per month for a total of 11.*					
FIRE: (Primary Route)					
(Alternate Route)	••••••				
Group B: Minimum of one (1) per semester for a total of 2. SCHOOL BUS:					
Group C: Minimum of one (1) per semester for a total of 2. TORNADO:					
Group D: Minimum number of drills to be determined. LOCK DOWN: Please specifyALI	ICECAUTIO	NARY			
Other (Specify):					
Check if Operational: Flashers □ Horns □	Sound Level				
*It shall be the duty of the school principal to see that fire exit dr during the school year and any summer months that students at Two (2) during the first two weeks of the first semester and one At least two (2) per year should use an alternate route.	re on campus.				
Provide a copy of this report to the Code Compliance Department					
equipment deficiency is found submit a work order to the Mainter	•		-	·	
day and hour of the drill, number of pupils taking part, time require pertinent information.	ed to complete t	he evacuation, ty	•	d and any other IFE SAFETY CODE - 15.7.2.3	
COMMENTS:					

Revised August 2019