

School: \_\_\_\_\_

**REGISTER OF EMERGENCY\* DRILLS**

<b>DATE M/D/Y</b>	<b>TYPE OF DRILL</b>	<b>TIME TO COMPLETE</b>	<b>SIGNATURE OF PRINCIPAL/TEACHER</b>

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Teacher's signature

Date

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Superintendent's signature

Date

\*Fire, Tornado, Earthquake or other Safety Drills  
Note: Please be familiar with state/district requirements for emergency drills.