

**MARYSVILLE PUBLIC SCHOOLS  
SCHOOL SAFETY DRILL INFORMATION  
2018-19**

**FOR:**

Gardens

**(Name of School)**

Date of Drill: 10/1/18

Time of Drill: 10:00 am

Type of Drill: ☒ **Fire Drill (5 Required)**

*This report is for drill # 2 of 5 required.*

*Rescheduled Date (If applicable) \_\_\_\_\_*

☐ **Tornado Drill (2 Required)**

*This report is for drill # \_\_\_\_\_ of 2 required.*

*Rescheduled Date (If applicable) \_\_\_\_\_*

☐ **Lockdown Drill (3 Required)**

*This report is for drill # \_\_\_\_\_ of 3 required.*

*Rescheduled Date (If applicable) \_\_\_\_\_*

\_\_\_\_\_  
*Responsible Person in charge of conducting drill (if not school principal)*



\_\_\_\_\_  
*Signature of school principal or designee acknowledging completion of drill*

**To be filled out and sent to Superintendent's Office immediately following every drill.**