

License name: _____ License number: _____

Facility address: _____

Fire Drills (monthly all year)

Date	Time	# of kids	Length of drill	Signature

Tornado Drills (monthly all year)

Date	Time	# of kids	Length of drill	Signature

Shelter in place drill (at least once annually, can be just staff)

Date	Time	Shelter in place location	Names of staff participating	Signature

Off-premises relocation drill (at least once annually, can be just staff)

Date	Time	Designated off-premises relocation site	Names of staff participating	Signature