FIRE DRILL REPORT

TO: PHOEBE CHURCH
ADMINISTRATION BLDG.

RE: FIRE DRILL REPORTS

THIS IS TO CERTIFY THE MONTHLY FIRE DRILL & EVACUATION OF:

LEA [ ] CAMPUS NAME [ ]

DATE OF FIRE DRILL: [/ /]

FIRE DRILL TIME: HOUR [ ] MINUTES [ ]

FIRE DRILL CONDUCTED: A.M. OR P.M. [ ]

FIRE DRILL EVACUATION TIME: MINUTES [ ] SECONDS [ ]

_____
SIGNATURE

_____
DATE OF REPORT

THIS REPORT MUST BE FILED IN THE SUPERINTENDENTS OFFICE ON OR BEFORE THE LAST DAY OF EACH CALENDAR MONTH DURING THE SCHOOL YEAR.