

Emergency Drill Evaluation Report

Type of	drill: Date of drill: Date
Time dril	I started: Time drill concluded:
Exact tim	ne required to evacuate/shelter/secure: 4 mins
Time ala	rm sounded:
Time when all employees cleared the building and were accounted for: /\ A	
Remarks	
This report is for emergency drill # 8 for school year 17-18.	
Name of person conducting drill: <u>Ramona</u> Durais	
Title of person conducting drill: Office Mar / Safety Coordinator	
Signature of person conducting drill: Kame S Dy P	
Drill was o	coordinated with:
NA	Emergency Management Coordinator Name & Title
NA	Name & Title Done in house
NA	Fire Chief or designee Name & Title