

Practice Drills

*Date of Drill: _____

Type(s) of Drill: _____

Drill Start Time: _____ Drill End Time: _____

Number of Children Present: _____ Number of Staff Present: _____

Description of Drill: _____

Problems Noted during Drill:

Corrections Noted: _____

Signatures of Staff present: (***Please do not use initials***)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Note: Drills must be conducted at least twice per year.