



**FIRE DRILL REPORT
LAS CRUCES PUBLIC SCHOOLS
LAS CRUCES, NM**

NAME OF SCHOOL

DATE OF DRILL

Time alarm was given: _____

Type of Drill: FIRE _____
 SHELTER IN PLACE _____
 EVACUATION _____
 DESK TOP _____
 OTHER (specify) _____

How long did it take to evacuate your building? _____

Please include the attached form that gives enrollment by room for this drill.

Comments:

Principal

Distribution:
Original to kept at the school site
One copy to Safety & Security

Form #21
Revised 8/08