**Office of the State Fire Marshal Division of Fire Prevention School Fire Drill Report Form**

 **School Safety Drill Act (105 ILCS 128/35)**

**Name and Address of School**: (please print except when signing the signature line.)

**Summit Learning Academy**

**1345 Chartres St**

**LaSalle, IL 61301**

**Date of Drill** : \_\_9/25/19\_\_\_\_\_\_\_ **Time of Incident**: 10:00 AM

Time taken for evacuation: 2 Min

Names of Staff Present: Jillian Drzewiecki, Kjrsten Dorward, Rachel Poignant, Anna Burris, Rhonda Znanieki, Amber Rodriguez, Dannie McCauley, Vance Walsh, Gina Locati

Number of Children Present

Weather Conditions

Was the Fire Alarm activated

Was the fire department notified

Did the alarm test properly

Did all children gather at the designated location outside the building

Summary of drill: Sounded off the alarm, teachers, and children walked swiftly to tree line area of property line,

**Date of Drill** : \_\_10/28//19 \_\_\_\_\_ **Time of Incident**: 10:00 AM

**Time taken for evacuation:** 1 Min 55 Sec

**Names of Staff Present:** Jillian Drzewiecki, Kjrsten Dorward, Rachel Poignant, Anna Burris, Katie Timmons, Amber Rodriguez, Vance Walsh, Gina Locati

**Number of Children Present** 40

**Weather Conditions Cloudy, colder**

**Was the Fire Alarm activated Yes**

**Was the fire department notified No**

**Did the alarm test properly Yes**

**Did all children gather at the designated location outside the building Yes**

**Summary of drill Monthly Drill:** Sounded off an alarm, teachers, and children walked swiftly to tree line area of property line,

**Date of Drill:** \_\_11/19/19\_\_\_\_ **Time of Incident**: 10:00 AM

Time taken for evacuation: 1.56 Min

Names of Staff Present: Jillian Drzewiecki, Kjrsten Dorward, Rachel Poignant, Anna Burris, Amber Rodriguez, Dannie McCauley, Gina Locati

Number of Children Present 40

Weather Conditions Cold

Was the Fire Alarm activated Yes

Was the fire department notified no

Did the alarm test properly Yes

Did all children gather at the designated location outside the building Yes

Summary of drill: sounded off an alarm, teachers, and children walked swiftly to tree line area of property line,

**Date of Drill** : \_\_\_1-22-20\_\_\_\_\_\_\_\_ **Time of Incident**: 10:15

Time taken for evacuation: 2.50 Min.

Time taken for evacuation:

Names of Staff Present: Jillian Drzewiecki, Kjrsten Dorward, Rachel Poignant, Anna Burris, Amber Rodriguez, Dannie McCauley, Gina Locati Abby Cervaintes

Number of Children Present 40

Weather Conditions Cold/ Snow

Was the Fire Alarm activated Yes

Was the fire department notified no

Did the alarm test properly Yes

Did all children gather at the designated location outside the building Yes

Summary of drill: sounded off an alarm, teachers, and children walked swiftly to tree line area of the property line, (due to snow the children walked the long way to the tree line, this caused a slight delay)

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

Time taken for evacuation:

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

Time taken for evacuation:

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

Time taken for evacuation:

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

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Time taken for evacuation:

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

Time taken for evacuation:

**Date of Drill** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**:

Time taken for evacuation:

**Was Fire Dept. notified** 9/25/19 No

**Was Fire Dept. notified** 10/28/19 No

**Specific Location of Incident**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Briefly Describe What Happened**:

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**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form may be submitted electronically or mailed to: Office of the State Fire Marshal, Division of Fire Prevention, 1035 Stevenson Drive, Springfield, IL 62703.