



Louisiana Delta Community College

Emergency Drill Report

rev. 5/2014

Date: _____

Time: _____

Campus: _____

Evacuation Time Required: _____

Building(s) (if applicable): _____

- Type of Drill:**
- Fire**
 - Tornado / Severe Weather**
 - Active Shooter / Terrorist Incident**
 - Other** _____

Comments:

Safety Officer

Fire Marshal (If Required)