

BUS EVACUATION DRILL CONTROL SHEET

DRIVER'S NAME: _____ BUS #: _____ YEAR: _____

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
Date of Drill												
Start Time												
Finish Time												
Total Time												
# Children												
# Adults												
Person Conducting												

FORM TO BE HUNG IN THE CENTER FOR THE YEAR AND TURNED IN YEARLY