

## School Drill Documentation Form

| Type of Drill                                                                                                                                                    | Number/Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fire                                                                                                                                                             | Five – Three drills must be completed by December 1                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Tornado                                                                                                                                                          | Two – One drill must be completed in March                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Safety/Security                                                                                                                                                  | Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> <li>One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material.</li> <li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li> <li>Seek input from the administration of the school and local public safety on the nature of the drill.</li> </ul> |
| <i>Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

School: Holy Name Catholic School

Principal: Joseph Carlson

Date of drill: 10/13/22 Number of students: 260 Number of staff: 45

Time initiated: 12:00 (a.m./p.m.) Time concluded: 2:14 to exit  
4:29 for all clear (a.m./p.m.)

| Situation at Start of the Drill (Check the appropriate box) |                                            |                                                  |                                            |
|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Before school                      | <input type="checkbox"/> During class time | <input checked="" type="checkbox"/> Passing time | <input checked="" type="checkbox"/> Recess |
| <input checked="" type="checkbox"/> Lunch time              | <input type="checkbox"/> Assembly          | <input type="checkbox"/> After school            | <input type="checkbox"/> Other:            |

Remarks: \_\_\_\_\_

This report is for: (circle number next to applicable drill)

Fire drill number 1 **2** 3 4 5 for the 2022-23 school year

Tornado drill number 1 2 for the 2022-23 school year

Safety/Security drill number 1 2 3 for the 2022-23 school year

Name of person conducting drill: Joseph Carlson

Title of person conducting drill: Principal

Signature or person conducting drill: Joseph T. Carlson Date: 10/13/22

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

*Must post on the school's website within 30 days after completing the drill.  
 The form must be maintained on the school website for at least three years.*

## School Drill Observation Form

| <b>Problems Encountered</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Congestion in hallways</li> <li><input type="checkbox"/> Alarm not heard</li> <li><input type="checkbox"/> Students unsure of proper procedures</li> <li><input type="checkbox"/> Staff unsure of proper procedures</li> <li><input type="checkbox"/> Use of personal technologies by students</li> <li><input type="checkbox"/> Use of personal technologies by staff</li> <li><input type="checkbox"/> Unable to lock doors</li> <li><input type="checkbox"/> Windows not covered</li> <li><input type="checkbox"/> Windows left open</li> <li><input type="checkbox"/> Doors left open</li> <li><input type="checkbox"/> Difficulties with evacuation of students or staff with disabilities</li> <li><input type="checkbox"/> Staff and adults unaccounted for</li> <li><input type="checkbox"/> Staff not serious about drill</li> <li><input type="checkbox"/> Students unaccounted for</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Radio communication problems</li> <li><input type="checkbox"/> Network/computer problems</li> <li><input type="checkbox"/> Weather-related problems</li> <li><input type="checkbox"/> Noise impedes communications</li> <li><input type="checkbox"/> Students not out of sight (safety/security drill)</li> <li><input type="checkbox"/> Long time to evacuate building</li> <li><input type="checkbox"/> Students not serious about drill</li> <li><input type="checkbox"/> Frightened students (safety/security drill)</li> <li><input type="checkbox"/> Improper or unavailable supplies</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Doors or exits blocked</li> <li><input type="checkbox"/> Transportation issues</li> <li><input type="checkbox"/> Interagency communication issues</li> <li><input type="checkbox"/> Incident command problems</li> <li><input type="checkbox"/> Other: _____</li> </ul> |

| <b>Weather Conditions</b>                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear</li> <li><input type="checkbox"/> Cloudy</li> <li><input type="checkbox"/> Raining</li> <li><input type="checkbox"/> Rain and wind</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Windy</li> <li><input type="checkbox"/> Snow/sleet</li> <li><input type="checkbox"/> Hot (above 80 degrees)</li> <li><input type="checkbox"/> Cold (40 to 10 degrees)</li> </ul> |

X Rain, Cold & Damp - off & on rain - 45°

| <b>Plans for Improvement</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional staff training</li> <li><input type="checkbox"/> Additional student training</li> <li><input type="checkbox"/> Address need for additional equipment</li> <li><input type="checkbox"/> Improved emergency supplies</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Cooperative planning with responders</li> <li><input type="checkbox"/> Revised emergency procedures</li> <li><input type="checkbox"/> Improved communication</li> <li><input type="checkbox"/> Other: _____</li> </ul> |

| <b>Additional Comments</b>                                                              |
|-----------------------------------------------------------------------------------------|
| <p style="font-size: 1.2em; color: blue; margin: 0;">Everything went very smoothly.</p> |