

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"> One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. One drill shall include security measures of a potentially dangerous individual on or near the school premises. Seek input from the administration of the school and local public safety on the nature of the drill.
<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: 11-9-22 Number of students: _____ Number of staff: _____

Time initiated: 12:01 (a.m./p.m.) Time concluded: 12:15 (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 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: Recess

This report is for: _____ Fire drill number **1 2 3 4 5** for the 2022-23 school year
 (circle number next to applicable drill)

_____ 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 L. Carlson (Joseph L. Carlson)

Title of person conducting drill: Principal

Signature or person conducting drill: Joseph L. Carlson Date: 11/9/2022

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

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

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

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

Additional Comments