

School Drill Documentation Form

| Type of Drill | Number/Schedule |
|-----------------|--|
| Fire | Five drills – Three must be completed by December 1 |
| Tornado | Two drills – One must be completed in March |
| Safety/Security | Three drills – One 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. |

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.

School: Holy Ghost Lutheran School

Principal: Jayne Diroff

Date of drill: 11/6/2024 Number of students: 58 ^{17 PreK} K-8th Number of staff: 11

Time initiated: 9:35 (a.m./p.m.) Time concluded: 9:36.42 (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 type="checkbox"/> Recess |
| <input type="checkbox"/> Lunch time | <input type="checkbox"/> Assembly | <input type="checkbox"/> After school | <input checked="" type="checkbox"/> Other: <u>Chapel</u> |

Remarks: _____

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

Fire drill number 1 2 (3) 4 5 for the 2024/2025 school year

Tornado drill number 1 2 for the 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Jayne Diroff and Rev. Lee Cullen

Title of person conducting drill: Acting Principal and Pastor

Signature of person conducting drill: Jayne Diroff Date: 11/6/24

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 checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input 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