

## 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>

*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: Early Childhood Center

Principal: Kim McLean

Date of drill: 10/19/2021 Number of students: 156 Number of staff: 50

Time initiated: 10:45 (a.m./p.m.) Time concluded: 10:53 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input 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 2021/2022 school year

Tornado drill number 1 2 for the 2021/2022 school year

Safety/Security drill number 1 2 3 for the 2021/2022 school year

Name of person conducting drill: Teresa Robinson

Title of person conducting drill: Head Start Nurse

Signature of person conducting drill: Teresa Robi Date: 10/19/2021

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)

<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	<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 checked="" 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: _____
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### Weather Conditions

<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind	<input type="checkbox"/> Windy <input type="checkbox"/> Snow/sleet <input type="checkbox"/> Hot (above 80 degrees) <input type="checkbox"/> Cold (40 to 10 degrees)
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### Plans for Improvement

<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	<input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Improved communication <input type="checkbox"/> Other: _____
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### Additional Comments

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