

## 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: Jefferson Elementary

Principal: Leila McDonald

Date of drill: 9/29/21 Number of students: 277 Number of staff: 37

Time initiated: 10:30 (a.m./p.m.) Time concluded: 10:32 (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 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: Leila McDonald

Title of person conducting drill: Principal

Signature or person conducting drill: Leila McDonald Date: 9/29/21

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: Ionia County Sheriff Dept Name: Sgt. Hoskins Title: Sgt

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.*