

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

• 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 Name Catholic School

Principal: Deacon Bob Berbohm

Date of drill: 5-23-24 Number of students: 178 Number of staff: 22

Time initiated: 3:01 (a.m./p.m.) Time concluded: 1m 37sec to clear (a.m./p.m.)
3m 47sec to verify all staff/students

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

Remarks:

This report is for: Fire drill number 1 2 3 4 5 for the 2023-24 school year
 (circle number next to applicable drill)

Tornado drill number 1 2 for the 2023-24 school year
 Safety/Security drill number 1 2 3 for the 2023-24 school year

Name of person conducting drill: Mickey Taffer
 Title of person conducting drill: Office Manager

Signature or person conducting drill: [Signature]
 Date: 5/23/24

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

<p style="text-align: right;">Problems Encountered (Check all that apply)</p>	<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 <input type="checkbox"/> 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: _____ 	

<p style="text-align: right;">Weather Conditions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Clear <input 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) 	

<p style="text-align: right;">Plans for Improvement</p>	<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: _____ 	

<p style="text-align: right;">Additional Comments</p>	
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