

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. |

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: Whiteford Elementary School

Principal: Marcy Anderson

Date of drill: 10-7-22 Number of students: 335 Number of staff: 30

Time initiated: 12:20 (a.m./p.m.) Time concluded: 12:35 (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 checked="" 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 ^{2022/2023} ~~2021/2022~~ school year

Name of person conducting drill: Marcy Anderson

Title of person conducting drill: Principal

Signature or person conducting drill: Marcy Anderson Date: 10-7-22

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: Monroe County Sheriff's Office Name: Brandon Benes Title: Deputy Sheriff (SRO)

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.*