

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: Big Bay de Noc School

Principal: Diana Thill

Date of drill: 9-15-22 Number of students: _____ Number of staff: _____

Time initiated: 9:10 (a.m./p.m.) Time concluded: 9:21 (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: Samantha Kuehl

Title of person conducting drill: Dean of Students

Signature or person conducting drill: Samantha Kuehl Date: 9-15-22

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: Delta County Sheriff Dept. Name: Mark Hanson Title: School Resource Officer

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.*