

School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five drills – Three must be completed by December 1
Tornado	Two drills – One must be completed in March
Safety/Security	Three drills – One 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: ST. MICHAEL LUTHERAN

Principal: GREG JOHNSON

Date of drill: 9-7-22 Number of students: 170 Number of staff: 13

Time initiated: 9:58 AM (a.m./p.m.) Time concluded: 10:02 (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 checked="" 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 2022/2023 school year

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: PRINCIPAL

Signature or person conducting drill: *Greg Johnson* Date: 9-7-22

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: _____ 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.*

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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: St. Michael Lutheran

Principal: Greg Johnson

Date of drill: 9-15-22 Number of students: 165 Number of staff: 15+

Time initiated: 2:15 (a.m./p.m.) Time concluded: 2:17:30 (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 checked="" 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: _____

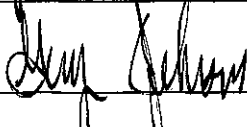
This report is for: _____ Fire drill number 1 (2) 3 4 5 for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Greg Johnson

Title of person conducting drill: Principal

Signature or person conducting drill:  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: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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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: St Michael Lutheran

Principal: GREG JOHNSON

Date of drill: 9-22-22 Number of students: 144 Number of staff: 13

Time initiated: 9:30 AM (a.m./p.m.) Time concluded: UNTIMED (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 checked="" 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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **(1) 2 3** for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: PRINCIPAL

Signature or person conducting drill: *Greg Johnson* Date: 9-22-22

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: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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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: St Michael Lutheran

Principal: Greg Johnson

Date of drill: 9-28-22 Number of students: 139 Number of staff: 13

Time initiated: 8:57 (a.m./p.m.) Time concluded: 8:59 (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 checked="" 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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **① 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: Gregory Johnson

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9-28-22

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: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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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: St. Michael Lutheran

Principal: Greg Johnson

Date of drill: 10-4-22 Number of students: 145 Number of staff: 13

Time initiated: 8:57 Am (a.m./p.m.) Time concluded: 9:02 (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 checked="" 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 2022/2023 school year

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Greg Johnson

Title of person conducting drill: Principal

Signature or person conducting drill: Greg Johnson Date: 10-4-22

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: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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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: St Michael Lutheran

Principal: Greg Johnson

Date of drill: JAN 10, 2023 Number of students: 144 Number of staff: 13

Time initiated: 2:00 pm (a.m./p.m.) Time concluded: 2:05 pm (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 checked="" 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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 ② 3** for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: Principal

Signature or person conducting drill: *Greg Johnson* Date: 1-10-23

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: _____

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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: ST MICHAEL LUTHERAN

Principal: GREG JOHNSON

Date of drill: MARCH 22, 2023 Number of students: 145 Number of staff: 10

Time initiated: 1:00 (a.m./p.m.) Time concluded: 1:02 (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 checked="" 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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
 (circle number next to applicable drill)

Tornado drill number **1 ②** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: PRINCIPAL

Signature or person conducting drill: *Greg Johnson* Date: 3-22-23

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: _____

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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: St Michael Lutheran

Principal: Grey Johnson

Date of drill: 4-27-23 Number of students: 140 Number of staff: 3

Time initiated: 9:45 (a.m./p.m.) Time concluded: 9:47 (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 checked="" 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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: Grey Johnson

Title of person conducting drill: Principal

Signature or person conducting drill: *Grey Johnson* Date: 4-27-23

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: _____

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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: ST. MICHAEL LUTHERAN
Principal: GREG JOHNSON
Date of drill: 5-12-23 Number of students: 165 Number of staff: 14
Time initiated: 1:10 pm (a.m./p.m.) Time concluded: 1:12 pm (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 checked="" 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 2022/2023 school year

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: PRINCIPAL

Signature or person conducting drill: [Signature] Date: 5-12-23

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: _____

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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: ST MICHAEL LUTHERAN

Principal: GREG JOHNSON

Date of drill: 5-17-23 Number of students: 125 Number of staff: 10

Time initiated: 11:13 AM (a.m./p.m.) Time concluded: 11:14 (48) (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 checked="" type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input checked="" type="checkbox"/> Other:

Remarks: FIELD TRIP

This report is for: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: GREG JOHNSON

Title of person conducting drill: PRINCIPAL

Signature or person conducting drill: *Greg Johnson* Date: 5-17-23

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: _____

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