

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. <ul style="list-style-type: none"> <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: Indian Lake Elementary

Principal: Dr Sarah Bacalis

Date of drill: 9/20/24 Number of students: \_\_\_\_\_ Number of staff: 52

Time initiated: 9:16 (a.m./p.m.) Time concluded: 9:20 (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: Fire drill number 1 2 3 4 5 for the 2023/2024 school year (circle number next to applicable drill)  
 Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Dr. Sarah Bacalis

Title of person conducting drill: Dr. Sarah Principal

Signature or person conducting drill: \_\_\_\_\_ Date: 9/20/24

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.

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School: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 10/16/2024 Number of students: 268 Number of staff: 50

Time initiated: 11:02 a.m. (a.m./p.m.) Time concluded: 11:06 a.m. (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: Fire drill number **1 2 3 4 5** for the 2023/2024 school year (circle number next to applicable drill)  
 Tornado drill number **1 2** for the ~~2023/2024~~ <sup>2024-25</sup> school year  
 Safety/Security drill number **1 2 3** for the ~~2023/2024~~ <sup>2024-25</sup> school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/16/24

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: \_\_\_\_\_

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School: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 10/25/2024 Number of students: 271 Number of staff: 53

Time initiated: 10:52 a.m. (a.m./p.m.) Time concluded: 10:56 (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 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 2023/2024 school year (circle number next to applicable drill)  
 Tornado drill number 1 2 for the ~~2023/2024~~ 2024-25 school year  
 Safety/Security drill number 1 2 3 for the ~~2023/2024~~ 2024-25 school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/25/24

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: \_\_\_\_\_

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