

School Drill Documentation Form

Type of Drill	Number/Schedule
<i>Fire</i>	Five – Three drills must be completed by December 1
<i>Tornado</i>	Two – One drill must be completed in March
<i>Safety/Security</i>	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: Vicksburg High School

Principal: Adam Brush

Date of drill: 9/20/24 Number of students: 750 Number of staff: 80

Time initiated: 8:50am (a.m./p.m.) Time concluded: 8:55am (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)

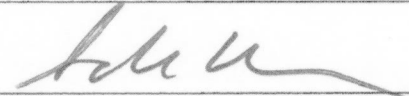
Fire drill number **1 2 3 4 5** for the 2024-25 school year

Tornado drill number **1 2** for the 2024-25 school year

Safety/Security drill number **(1) 2 3** for the 2024-25 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: 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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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: Vicksburg High School

Principal: Adam Brush

Date of drill: 9/27/24 Number of students: 750 Number of staff: 80

Time initiated: 9:18am (a.m./p.m.) Time concluded: 9:24am (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 (2024-25) school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2024-25 school year

Safety/Security drill number **1 2 3** for the 2024-25 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 9/27/24

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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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: Vicksburg High School

Principal: Adam Brush

Date of drill: 10/28/24 Number of students: 750 Number of staff: 80

Time initiated: 9:18am (a.m./p.m.) Time concluded: 9:22am (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)

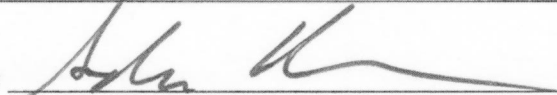
Fire drill number **1 2 3 4 5** for the 2024-25 school year

Tornado drill number **1 2** for the 2024-25 school year

Safety/Security drill number **1 2 3** for the 2024-25 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/28/24

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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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: Vicksburg High School

Principal: Adam Brush

Date of drill: 10/30/24 Number of students: 750 Number of staff: 80

Time initiated: 11:05am (a.m./p.m.) Time concluded: 11:11am (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 2024-25 school year

Tornado drill number **1 2** for the 2024-25 school year

Safety/Security drill number **1 2 3** for the 2024-25 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/30/24

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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