

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"> • 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: Indian Lake Elementary

Principal: Dr. Sarah Becalia Date _____

of drill: 9/8/23 Number of students: 276 Number of staff: 47

Time initiated: 9:15 (a.m./p.m.) Time concluded: 9:18 am (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 3 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 Becalia

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/8/23

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: _____

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: Indian Lake
 Principal: Dr. Sarah Bacalia
 Date of drill: 10/11/23 Number of students: ~~273~~ 258 Number of staff: 56
 Time initiated: 11:30 (a.m./p.m.) Time concluded: 11:35 (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: Fire drill number 1²3 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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: _____ Date: 10/11/23

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: Indian Lake Elementary
 Principal: Dr. Sarah Bacalia Date _____
 of drill: 10/26/23 Number of students: 384 Number of staff: 46

Time initiated: 3:15 (a.m./p.m.) Time concluded: 3:18 (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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: _____ Date: 10/26/23

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: Indian Lake Elementary
 Principal: Dr. Sarah Bacalia Date _____
 of drill: 11/21/23 Number of students: 234 Number of staff: 40
 Time initiated: 3:00 (a.m./p.m.) Time concluded: 3:04 (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: lockdown first to ensure safety

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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: _____ Date: 11/21/23

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: Indian Lake Elementary
 Principal: Dr. Sarah Bacalia Date _____
 of drill: 12/8/23 Number of students: 261 Number of staff: 47

Time initiated: 3:00 (a.m./p.m.) Time concluded: 3:03 (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 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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: [Signature] Date: 12/8/23

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: Indian Lake Elementary
 Principal: Dr. Sarah Bacalia Date _____
 of drill: Feb. 21, 2024 Number of students: 263 Number of staff: 52

Time initiated: 1:38 (a.m./p.m.) Time concluded: 1:42 (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 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 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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: [Signature] Date: 2/21/24

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: Indian Lake Elementary
 Principal: Dr. Sarah Bacalia Date _____
 of drill: 3/11/24 Number of students: 235 Number of staff: 32

Time initiated: 10:30 (a.m./p.m.) Time concluded: 10:33 (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 Bacalia
 Title of person conducting drill: Principal
 Signature or person conducting drill: _____ Date: 3/11/24

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: _____
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