

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: Trinity Lutheran School

Principal: Mark Brown

Date of drill: 8/26/2024 Number of students: 225 Number of staff: 23

Time initiated: 11:00am (a.m./p.m.) Time concluded: 11:03:15am (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 2024/2025 school year

Tornado drill number **1** 2 for the 2024/2025 school year

Safety/Security drill number **1** 2 3 for the 2024/2025 school year

Name of person conducting drill: Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 9/18/2024

Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org, c=US
 Date: 2024.09.18 09:25:38 -04'00'

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: Trinity Lutheran School

Principal: Mark Brown

Date of drill: 8/28/2024 Number of students: 221 Number of staff: 25

Time initiated: 10:45am (a.m./p.m.) Time concluded: 10:45:45am (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 2024/2025 school year

Tornado drill number **1** **2** for the 2024/2025 school year

Safety/Security drill number **1** **2** **3** for the 2024/2025 school year

Name of person conducting drill: Mark Brown

Title of person conducting drill: Principal

Mark Brown

Digitally signed by Mark Brown
 DN: cn=Mark Brown, o, ou,
 email=mbrown@trinityct.org,
 c=US
 Date: 2024.09.18 09:24:51 -04'00'

Signature or person conducting drill: _____ Date: 09/18/2024

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: Trinity Lutheran School

Principal: Mark Brown

Date of drill: 9/24/2024 Number of students: 215 Number of staff: 24

Time initiated: 10:00 (a.m./p.m.) Time concluded: 10:03:45 (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: School Shelter-in Place Drill (HAZMAT)

This report is for:
 (circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2024/2025 school year

Tornado drill number **1 2** for the 2024/2025 school year

Safety/Security drill number **① 2 3** for the 2024/2025 school year

Name of person conducting drill: Mr. Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o.ou,
 email=mbrown@trinityct.org, c=US
 Date: 2024.09.24 11:43:07 -0400 Date: 9/24/2024

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: Trinity Lutheran School

Principal: Mark Brown

Date of drill: 10/24/2024 Number of students: 210 Number of staff: 21

Time initiated: 1:00 (a.m./**(p.m.)**) Time concluded: 1:41:94 (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 2024/2025 school year

Tornado drill number **(1)** 2 for the 2024/2025 school year

Safety/Security drill number **1** 2 3 for the 2024/2025 school year

Name of person conducting drill: Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 10/24/2024

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: Trinity Lutheran School

Principal: Mark Brown

Date of drill: 11/13/2024 Number of students: 210 Number of staff: 21

Time initiated: 12:20 (a.m./**p.m.**) Time concluded: 12:22:35 (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 checked="" 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 2024/2025 school year

Tornado drill number 1 2 for the 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Digitally signed by Mark Brown
 DN: cn=Mark Brown, o=MSU, email=mbrown@msu.edu, c=US
 Date: 2024.11.13 11:05:08 -0500 Date: 11/13/2024

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: Trinity Lutheran School

Principal: Mr. Mark Brown

Date of drill: 12/06/2024 Number of students: 203 Number of staff: 20

Time initiated: 2:15 (a.m./p.m.) Time concluded: 2:17:45 (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 2024/2025 school year

Tornado drill number **1 2** for the 2024/2025 school year

Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Mr. Mark Brown

Title of person conducting drill: Principal

Signature or person conducting drill: Mark Brown Date: 12/10/2024

Digitally signed by Mark Brown
DN: cn=Mark Brown, o=MSD
Date: 2024.12.10 10:23:43 -0500

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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