

School Drill Documentation

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: Mr. Mark Brown

Date of drill: 8/26/2025 Number of students: 224 Number of Staff: 19

Time initiated: 10.45 ☒ a.m. ☐ p.m. Time concluded 10:49:15 ☒ 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: (check box next to applicable drill)

Fire drill number ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 for the 2025/2026 school year

Tornado drill number ☐ 1 ☐ 2 for the 2025/2026 school year

Safety/Security drill number ☐ 1 ☐ 2 ☐ 3 for the 2025/2026 school year

Name of person conducting drill: Mr. M 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: 2025.09.15 09:38:54 -04'00' Date: 9/15/2025

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:

Principal:

Date of drill:

Number of students:

Number of Staff:

Time initiated:

a.m

p.m.

Time concluded

a.m

p.m.

Situation at Start of the Drill (Check the appropriate box)			
Before school	During class time	Passing time	Recess
Lunch time	Assembly	After school	Other:

Remarks:

This report is for:
(check box next to applicable drill)

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

Tornado drill number **1** **1** **2** for the school year

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

Name of person conducting drill:

Title of person conducting drill:

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: 2025.09.25 15:20:28 -04'00'

Date:

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: Mr. M Brown

Date of drill: 10/24/2025 Number of students: 193 Number of Staff: 18

Time initiated: 1:00 ☐ a.m. ☒ p.m. Time concluded 1:03:31 ☐ 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: (check box next to applicable drill)

Fire drill number ☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 for the 2025/2026 school year

Tornado drill number ☐ 1 ☐ 2 for the 2025/2026 school year

Safety/Security drill number ☐ 1 ☐ 2 ☐ 3 for the 2025/2026 school year

Name of person conducting drill: Ms. Jill Kopper

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 10/24/2025

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: Mr. M Brown

Date of drill: 11/13/2025 Number of students: 221 Number of Staff: 18

Time initiated: 12:20 ☐ a.m. ☒ p.m. Time concluded 12:23:19 ☐ 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: Fire drill number ☐1 ☐2 ☒3 ☐4 ☐5 for the 2025/2026 school year
(check box next to applicable drill)

Tornado drill number ☐1 ☐2 for the 2025/2026 school year

Safety/Security drill number ☐1 ☐2 ☐3 for the 2025/2026 school year

Name of person conducting drill: Mr. M 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: 2025.11.20 10:25:59 -05'00' Date: 11/20/2025

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: 12/08/2025 Number of students: 219 Number of Staff: 18

Time initiated: 2:15 ☐ a.m. ☒ p.m. Time concluded 2:19:15 ☐ 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:
(check box next to applicable drill)

Fire drill number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 for the 2025/2026 school year

Tornado drill number ☒ 1 ☐ 2 for the 2025/2026 school year

Safety/Security drill number ☐ 1 ☐ 2 ☐ 3 for the 2025/2026 school year

Name of person conducting drill: Mr. M 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: 2025.12.16 10:32:24 -05'00' Date: 12/16/2025

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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