

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: Zion Lutheran Principal: Susan Klauer

Date of drill: 9-17-24 Number of students: 99 Number of Staff: 13

Time initiated: 8:35 a.m. p.m. Time concluded 8:55 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: Fire Alarm did not work properly. Company was called for repair. Drill was delayed, but successful.

This report is for:
(check box 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 _____ school year

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

Name of person conducting drill: Susan Klauer

Title of person conducting drill: Principal

Signature or person conducting drill: Susan E. Klauer Date: 9-17-24

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: Zion Lutheran Principal: Susan Klauer

Date of drill: 10/7/2024 Number of students: 101 Number of Staff: 15

Time initiated: 9:40 a.m. p.m. Time concluded 9:55 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 _____ school year
Tornado drill number 1 2 for the _____ school year
Safety/Security drill number 1 2 3 for the 24-25 school year

Name of person conducting drill: Susan Klauer

Title of person conducting drill: A Klauer

Signature or person conducting drill: Principal Date: 10/7/24

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: Zion Lutheran Principal: Susan Klauer

Date of drill: 10/23/24 Number of students: 96 Number of Staff: 13

Time initiated: 12:55 a.m. p.m. Time concluded 1:03 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: (check box next to applicable drill) Fire drill number 1 2 3 4 5 for the 24-25 school year
 Tornado drill number 1 2 for the _____ school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Susan Klauer

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/23/24

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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 The form must be maintained on the school website for at least three years.*