

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 <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: Whitehall High School

Principal: Brett Westerlund

Date of drill: 2/6/24 Number of students: 624 Number of staff: 53

Time initiated: 1:50 (a.m./p.m.) Time concluded: 1:55 (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: _____ Fire drill number **1 2 3 4 5** for the 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year **(4)**

Name of person conducting drill: Brett Westerlund

Title of person conducting drill: Principal

Signature or person conducting drill: *Brett Westerlund* Date: 2/6/24

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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School: WHITE LAKE COMMUNITY CENTER

Principal: TOM MOORE

Date of drill: 2/7/24 Number of students: 84 Number of staff: 12

Time initiated: 10:00 (a.m./p.m.) Time concluded: 10:10 (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:
 (circle number next to applicable drill)

Fire drill number **1** **2** **3** **4** **5** for the 2021/2022 school year

Tornado drill number **1** **2** for the 2021/2022 school year

Safety/Security drill number **1** **2** **3** for the 2021/2022 school year

Name of person conducting drill: TOM MOORE

Title of person conducting drill: DIRECTOR OF COMMUNITY EDUCATION

Signature or person conducting drill: [Signature] Date: 2/7/24

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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School: Whitehall Middle School

Principal: Craig Thompson

Date of drill: 2/13/24 Number of students: 405 Number of staff: 42

Time initiated: 10:07 (a.m./p.m.) Time concluded: 10:13 (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 **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: Craig Thompson

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 2/13/24

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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School: Shoreline Elementary

Principal: Beth Whaley

Date of drill: 2/16/24 Number of students: 381 Number of staff: 58

Time initiated: 10 05 (a.m./p.m.) Time concluded: 10 06:33 (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:
(circle number next to applicable drill)

Fire drill number **1** **2** **3** **4** **5** for the 2023/2024 school year

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: Beth Whaley

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 2/16/24

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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