

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.

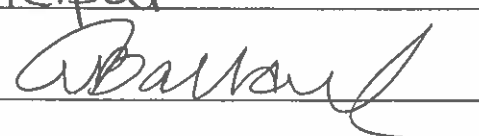
Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: North Star Montessori Academy
 Principal: Andrea Ballard/Angela Chang
 Date of drill: 3/16/23 Number of students: 185 Number of staff: 20
 Time initiated: 11:00 (a.m./p.m.) Time concluded: 11:05 (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 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: Andrea Ballard or Angela Chang
 Title of person conducting drill: Principal
 Signature or person conducting drill:  Date: 3/16/23

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: Emergency Management Name: Brian Hummel Title: Manager
 Agency: Fire Department Name: Bob Cochran Title: Asst. Fire Chief
 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.*