

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: University Prep Art & Design Elementary School

Principal: Felicia Brimage

Date of drill: 10/17/24 Number of students: 362 Number of staff: 50

Time initiated: 2:10pm (a.m./p.m.) Time concluded: 2:15pm (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: Drill was not effective. There were staff walking around in and out of studios and a lot of movement throughout the building.

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
 (Code Green)

Name of person conducting drill: Tracy Laird

Title of person conducting drill: School Operations Manager

Signature or person conducting drill: Tracy Laird Date: 10/17/24

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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School: University Prep Art & Design Elementary School

Principal: Felicia Brimage

Date of drill: 10/22/24 Number of students: 336 Number of staff: 42

Time initiated: 9:40 (a.m./p.m.) Time concluded: 9:44:18.77 (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: _____ 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: Tracy Laird

Title of person conducting drill: School Operations Manager

Signature or person conducting drill: Tracy Laird Date: 10/22/24

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: UPAD ES Principal: F. Brimage
 Date of drill: 11/26/24 Number of students: 319 Number of Staff: _____
 Time initiated: 12:36 a.m. p.m. Time concluded 12:42 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 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 2024 school year
 (check box next to applicable drill) 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: T. Laird

Title of person conducting drill: School Operations Manager

Signature or person conducting drill: J. Laird Date: 11/26/24

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: University Prep Art & Design Elementary School

Principal: Felicia Brimage

Date of drill: 1/28/25 Number of students: _____ Number of staff: _____

Time initiated: 1:41 pm (a.m./p.m.) Time concluded: 1:44 pm (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:
(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: Tracy Laird

Title of person conducting drill: School Operations Manager

Signature or person conducting drill: Tracy Laird Date: 1/28/25

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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