



## 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"> <li>One drill shall include security measures that are appropriate to an emergency, such as the release of a hazardous material.</li> <li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li> <li>Seek input from the administration of the school and local public safety on the nature of the drill.</li> </ul>

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     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:



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:

*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: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 10/29/2024 Number of students: 465 Number of Staff: 53

Time initiated: 9:45  a.m.  p.m. Time concluded 9:50  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: Students exited the building in an orderly manner and within 3 minutes.

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

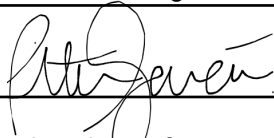
Fire drill number  1  2  3  4  5 for the 24-25 school year

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: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 11/7/2024

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: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 11/7/2024 Number of students: 465 Number of Staff: 45

Time initiated: 1:30  a.m  p.m. Time concluded 1:35  a.m  p.m.

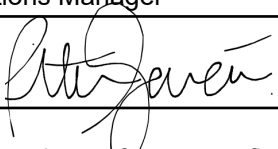
Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<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: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 11/20/24

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: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 1/31/25 Number of students: 461 Number of Staff: 45

Time initiated: 10:00  a.m.  p.m. Time concluded 10:05  a.m.  p.m.

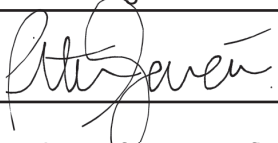
Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input checked="" type="checkbox"/> Passing time	<input checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> 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 \_\_\_\_\_ 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 24-25 school year

Name of person conducting drill: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 1/31/25

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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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 - Mark Murray Campus Principal: Mayla Spruill

Date of drill: 3/19/25 Number of students: 475 Number of Staff: 50

Time initiated: 1:30  a.m  p.m. Time concluded 1:38  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 checked="" 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)

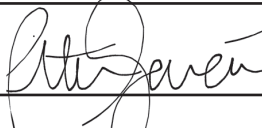
Fire drill number  1  2  3  4  5 for the \_\_\_\_\_ school year

Tornado drill number  1  2 for the 24-25 school year

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

Name of person conducting drill: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 3/20/25

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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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: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 4/30/25 Number of students: 461 Number of Staff: 45

Time initiated: 9:30  a.m.  p.m. Time concluded 9:37  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)

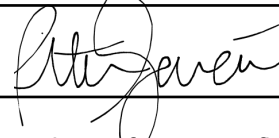
Fire drill number  1  2  3  4  5 for the \_\_\_\_\_ school year

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: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 4/30/25

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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School: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 5/15/25 Number of students: 455 Number of Staff: 45

Time initiated: 2:36  a.m.  p.m. Time concluded 2:41  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 checked="" 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)

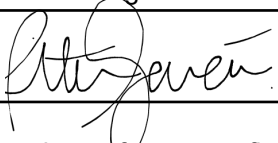
Fire drill number  1  2  3  4  5 for the 24-25 school year

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: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 5/15/25

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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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: U Prep Mark Murray Campus Principal: Mayla Spruill

Date of drill: 6/9/25 Number of students: 455 Number of Staff: 45

Time initiated: 1:30  a.m  p.m. Time concluded 1:36  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 checked="" 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)

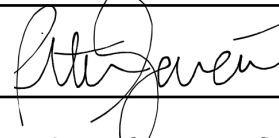
Fire drill number  1  2  3  4  5 for the 24-25 school year

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: Rita Garcia

Title of person conducting drill: School Operations Manager

Signature or person conducting drill:  Date: 6/9/25

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: \_\_\_\_\_

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