

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: UPSM Middle Sch. Principal: G. Williams
 Date of drill: 9/6/24 Number of students: 515 Number of Staff: 44
 Time initiated: 1:30 a.m. p.m. Time concluded 1:34 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 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: R. Douglas
 Title of person conducting drill: Sch. Op. Mgr.
 Signature or person conducting drill: Ryan Douglas Date: 9/6/24

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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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: OPSM Middle Sch. Principal: G Williams
 Date of drill: 9/13/24 Number of students: 518 Number of Staff: 24
 Time initiated: 1:30 a.m. p.m. Time concluded 1:33 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: (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: Denise Douglas
 Title of person conducting drill: Sch. Op. Mgr.
 Signature or person conducting drill: D. Douglas Date: 9/13/24

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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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: UPSM Middle School Principal: G Williams
 Date of drill: 9/24/24 Number of students: 514 Number of Staff: 44
 Time initiated: 10⁰⁰ a.m. p.m. Time concluded 10⁰⁵ 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 _____ 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: Denise Douglas

Title of person conducting drill: Sch Ops Mgr.

Signature or person conducting drill: [Signature] 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: _____

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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: UPSH Middle Sch Principal: GL Williams
 Date of drill: 9/25/24 Number of students: 574 Number of Staff: 44
 Time initiated: 10⁰⁰ a.m. p.m. Time concluded 10⁰³ 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 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: Denise Douglas
 Title of person conducting drill: Sch Op Mgr
 Signature or person conducting drill: [Signature] 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: _____

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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: UPSM MS Principal: GL Williams
 Date of drill: 11/6/24 Number of students: 512 Number of Staff: 48
 Time initiated: 1:32 a.m. p.m. Time concluded 1:37 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 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 2024 2025 school year

Name of person conducting drill: D. Douglas

Title of person conducting drill: Sch Ops Mgr.

Signature or person conducting drill: D. Douglas Date: 11/6/24

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: _____

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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: WPSM MS Principal: G L Williams
 Date of drill: 2/25/25 Number of students: 499 Number of Staff: 47
 Time initiated: 9:55 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 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: D Douglas

Title of person conducting drill: Sec Op Mgr.

Signature or person conducting drill: [Signature] Date: 2/25/25

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: WPSU MS Principal: Col. Williams
 Date of drill: 3/21/25 Number of students: 499 Number of Staff: 48
 Time initiated: 9:00 a.m. p.m. Time concluded 9:00 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 24-25 school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: Sch Op. Mgr.

Signature or person conducting drill: D. Douglas Date: 3/21/25

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: UPSM MS Principal: GL Williams
 Date of drill: 6/4/25 Number of students: 497 Number of Staff: 47
 Time initiated: 1:00 a.m. p.m. Time concluded 1:07 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 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: (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: Danise Douglas
 Title of person conducting drill: Sch Op Mgr.
 Signature or person conducting drill: [Signature] Date: 6/4/25

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: UPSM MS Principal: GL Williams
 Date of drill: 6/10/25 Number of students: 497 Number of Staff: 48
 Time initiated: 2⁰⁰ a.m. p.m. Time concluded 2⁰⁵ 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 24/25 school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: Sch Ops Mgr.

Signature or person conducting drill: DDouglas 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: _____

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