

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: Vicksburg High School Principal: Adam Brush

Date of drill: 9/24/25 Number of students: 750 Number of Staff: 75

Time initiated: 7:45 ☒ a.m. ☐ p.m. Time concluded 7:52 ☒ 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 2025-26 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: High School Principal

Signature or person conducting drill: Adam Brush Digitally signed by Adam Brush
Date: 2025.09.25 09:51:48 -04'00' Date: 9/25/25

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: _____

*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: Vicksburg High School Principal: Adam Brush

Date of drill: 10/10/2025 Number of students: 750 Number of Staff: 80

Time initiated: 9:18 ☒ a.m. ☐ p.m. Time concluded 9:23am ☒ 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 2025-2026 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: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/10/2025

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: Vicksburg High School Principal: Adam Brush

Date of drill: 10/24/2025 Number of students: 750 Number of Staff: 80

Time initiated: 10:14 ☒ a.m. ☐ p.m. Time concluded 10:19am ☒ 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 2025-2026 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: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/24/25

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: Vicksburg High School Principal: Adam Brush

Date of drill: 11/4/2025 Number of students: 750 Number of Staff: 80

Time initiated: 1:35 ☐ a.m. ☒ p.m. Time concluded 1:40am ☐ 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 2025-2026 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: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 11/4/2025

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: Vicksburg High School Principal: Adam Brush

Date of drill: 12/11/2025 Number of students: 750 Number of Staff: 80

Time initiated: 12:58 ☐ a.m. ☒ p.m. Time concluded 1:05 ☐ 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: _____ 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 2025-2026 school year
Safety/Security drill number ☐1 ☐2 ☐3 for the _____ school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 12/11/2025

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: Vicksburg High School Principal: Adam Brush

Date of drill: 12/16/2025 Number of students: 750 Number of Staff: 80

Time initiated: 11:38 ☒ a.m. ☐ p.m. Time concluded 11:44 ☒ 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 2025-2026 school year

Name of person conducting drill: Adam Brush

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 12/16/24

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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