

FD #1

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 • One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. <ul style="list-style-type: none">• 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: Indian Lake Elementary

Principal: Dr. Sarah Bucalia

Date of drill: 9/9/25 Number of students: 241 Number of staff: 52

Time initiated: 9:46 (a.m./p.m.) Time concluded: 9:52 (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: Fire drill number 1 2 3 4 5 for the 2024/2025 school year (circle number next to applicable drill)

Tornado drill number 1 2 for the 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Dr. Sarah Bucalia

Title of person conducting drill: Principal

Signature or person conducting drill: _____ Date: 9/8/25

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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official

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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: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 9/19/25 Number of students: 241 Number of staff: 46

Time initiated: 9:17 (a.m./p.m.) Time concluded: 9:21 (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 25/26 school year (circle number next to applicable drill)
Tornado drill number 1 2 for the 2024/2025 school year
Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: _____ Date: 9/19/25

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: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 10/15/25 Number of students: 243 Number of staff: 45

Time initiated: 11 am (a.m./p.m.) Time concluded: 11:45 am (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 2025/2026 school year (circle number next to applicable drill)

Tornado drill number **1 2** for the 2025/2026 school year

Safety/Security drill number **1 2 3** for the 2025/2026 school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/15/25

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: Indian Lake Elementary

Principal: Dr. Sarah Bucalia

Date of drill: 10/24/25 Number of students: 227 Number of staff: 46

Time initiated: 10:40 (a.m./p.m.) Time concluded: 10:42 (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 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 2025/2026 school year (circle number next to applicable drill)
Tornado drill number **1 2** for the 2025/2026 school year

Safety/Security drill number **1 2 3** for the 2025/2026 school year

Name of person conducting drill: Dr. Sarah Bucalia

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature] 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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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: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 11/20/25 Number of students: 263 Number of staff: 43

Time initiated: 2:15 (a.m./p.m.) Time concluded: 2:18 (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 2025/2026 school year (circle number next to applicable drill)
Tornado drill number 1 2 for the 2025/2026 school year
Safety/Security drill number 1 2 3 for the 2025/2026 school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature of person conducting drill: _____ Date: 11/20/25

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: _____

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