

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 Bacalia

Date of drill: 9/20/24 Number of students: _____ Number of staff: 52

Time initiated: 9:16 (a.m./p.m.) Time concluded: 9:20 (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 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: Dr. Sarah Bacalia

Title of person conducting drill: Dr. Sarah Principal

Signature or person conducting drill: _____ Date: 9/20/24

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: _____

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.

School Drill Documentation Form

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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: 10/16/2024 Number of students: 268 Number of staff: 50

Time initiated: 11:02 a.m. (a.m./p.m.) Time concluded: 11:06 (a.m./p.m.)
a.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 2023/2024 school year (circle number next to applicable drill)

Tornado drill number **1 2** for the ~~2023/2024~~ school year
2024-25

Safety/Security drill number **1 2 3** for the ~~2023/2024~~ school year
2024-25

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 10/16/24

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: _____

*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.*

FD #2

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 Bacalia

Date of drill: 10/25/2024 Number of students: 271 Number of staff: 53

Time initiated: 10:52 a.m. (a.m./p.m.) Time concluded: 10:56 (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 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
2024-25

Safety/Security drill number 1 2 3 for the 2023/2024 school year
2024-25

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

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

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.*

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	<p>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.</p> <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 Bacalia

Date of drill: 11/22/24 Number of students: 273 Number of staff: 46

Time initiated: 2:17 (a.m./p.m.) Time concluded: 2:20 (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 ²⁰²⁴⁻²⁵ ~~2023/2024~~ school year (circle number next to applicable drill)
Tornado drill number 1 2 for the ~~2023/2024~~ ²⁰²⁴⁻²⁵ school year
Safety/Security drill number 1 2 3 for the ~~2023/2024~~ ²⁰²⁴⁻²⁵ school year

Name of person conducting drill: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: _____ Date: 11/22/24

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: _____

*Must post on the school's website within 30 days after completing the drill.
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School Drill Documentation Form

#4
F.D.

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 Bacalia

Date of drill: 1/30/25 Number of students: 210 Number of staff: 40

Time initiated: 1:16 pm (a.m./p.m.) Time concluded: 1:19 (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: 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: Dr. Sarah Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: _____ Date: 1/30/25

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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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: 2/21/25 Number of students: 219 Number of staff: 37

Time initiated: 1:13 (a.m./p.m.) Time concluded: 1:14 (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 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 2024/2025 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 Bacalia

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 2/21/25

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: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 3/4/25 Number of students: 243 Number of staff: 48

Time initiated: 3:18 (a.m./p.m.) Time concluded: 3:20 (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 checked="" 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 Bacalia

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature] Date: 3/4/25

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: Indian Lake Elementary

Principal: Dr. Sarah Bacalia

Date of drill: 3/21/25 Number of students: 248 Number of staff: _____

Time initiated: 9:31 (a.m./p.m.) Time concluded: 9:33 (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: 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 Bacalia

Title of person conducting drill: Principal

Signature of person conducting drill: Bacalia 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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