

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 <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: Sunset Lake Elem.
Principal: Amie McCaw
Date of drill: 9-6-24 Number of students: 470 Number of staff: 65
Time initiated: 2:30 (a.m./p.m.) Time concluded: 2:32 (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: Students out quick + quiet
- fire doors reported that didn't shut

This report is for:
(circle number next to applicable drill)

Fire drill number (1) 2 3 4 5 for the 2024/2025 school year

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: Amie McCaw
Title of person conducting drill: Principal
Signature or person conducting drill: Amie McCaw 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: Sunset Lake Elem.
Principal: Amie McCaw
Date of drill: 9-25-24 Number of students: 465 Number of staff: 65
Time initiated: 10:02 (a.m./p.m.) Time concluded: 10:03 + 30^{sec} (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: Students + staff did a great job.
Following up on blocked fire drill.

This report is for:
(circle number next to applicable drill)

Fire drill number 1 (2) 3 4 5 for the 2024/2025 school year

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: Amie McCaw

Title of person conducting drill: Principal

Signature or person conducting drill: Amie McCaw Date: 9-25-24

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: _____

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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: Sunset Lake

Principal: Amie McCaw

Date of drill: 9-26-24 Number of students: 466 Number of staff: 65

Time initiated: 9:15 (a.m./p.m.) Time concluded: 9:17 (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: Scenario - lock down due to ~~scare~~ a person in the area we needed to secure building for. Staff + students did a nice job.

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2024/2025 school year

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: Amie McCaw

Title of person conducting drill: Principal

Signature or person conducting drill: Amie McCaw Date: 9-26-24

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: Sunset Lake Elem.
Principal: Amie McCaw
Date of drill: 10/14/24 Number of students: 465 Number of staff: 64
Time initiated: 1:45 (a.m./p.m.) Time concluded: 1:47 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2024/2025 school year

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: Amie McCaw
Title of person conducting drill: Principal
Signature or person conducting drill: Amie McCaw Date: 10-14-24

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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School: Sunset Lake Elem.

Principal: Amie McCaw

Date of drill: 10-18-24 Number of students: 465 Number of staff: 65

Time initiated: 3:00 (a.m./p.m.) Time concluded: 3:03 (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: Scenario - Unwelcomed guest in 300 hallway

This report is for:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2024/2025 school year

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: Amie McCaw

Title of person conducting drill: Principal

Signature or person conducting drill: Amie McCaw Date: 10-18-24

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: Sunset Lake Elem.

Principal: Amie McCaw

Date of drill: 10-24-24 Number of students: 465 Number of staff: 60

Time initiated: 9:30 (a.m./p.m.) Time concluded: 9:34 (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:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2024/2025 school year

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: Amie McCaw

Title of person conducting drill: Principal

Signature of person conducting drill: Amie McCaw Date: 10-24-24

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: Sunset Lake

Principal: Amie McCaw

Date of drill: 3-11-25 Number of students: 466 (+16 GSRP) Number of staff: 65

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 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:
(circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2024/2025 school year

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: Amanda Lewis

Title of person conducting drill: Student Services Coordinator

Signature or person conducting drill: Amanda Lewis Date: 3-11-25

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

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Agency: _____ Name: _____ Title: _____

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