

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: Tobol Elementary Principal: Bill Dygest
Date of drill: 9/12/2025 Number of students: 380 Number of Staff: 57
Time initiated: 10:00 ☒ a.m. ☐ p.m. Time concluded 10:07 ☒ 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 25/26 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: Bill Dygest

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/12/2025

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: _____

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: Tobey Elementary Principal: Bill Dygert
Date of drill: 9/18/25 Number of students: 380 Number of Staff: 58
Time initiated: 1:00 ☐ a.m. ☒ p.m. Time concluded 1:04 ☐ 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 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 25/26 school year
Safety/Security drill number ☐ 1 ☐ 2 ☐ 3 for the _____ school year

Name of person conducting drill: Mr. Bill Dygert

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/18/2025

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: _____
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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: Tobey Elementary Principal: Bill Dygert
Date of drill: Sept 25, 2025 Number of students: 275 Number of Staff: 50
Time initiated: 2:01 ☐ a.m. ☒ p.m. Time concluded 2:12 ☐ 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: (check box next to applicable drill) Fire drill number ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 for the 25/26 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: Carol Murray Eaton

Title of person conducting drill: Office Assistant

Signature or person conducting drill: Carol Murray Eaton Date: 09.25.2025

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: Tobey Elementary Principal: Bill Dygert
Date of drill: 9/26/25 Number of students: 350 Number of Staff: 52
Time initiated: 9:30 ☒ a.m. ☐ p.m. Time concluded 9:40 ☒ 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 25/26 school year

Name of person conducting drill: Bill Dygert

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/26/2025

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: Tobey Principal: Bill Dyger
Date of drill: 10/2/25 Number of students: 372 Number of Staff: 50
Time initiated: 12:02 ☐ a.m. ☒ p.m. Time concluded 12:08 ☐ 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 25/26 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: Bill Dyger

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/2/25

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: Tobey Elementary Principal: Bill Dygert
Date of drill: 10/16/25 Number of students: 372 Number of Staff: 46
Time initiated: 10:30 ☒ a.m. ☐ p.m. Time concluded 10:36 ☒ 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 25/26 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: Bill Dygert

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/16/2025

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: _____

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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: Tobey Elementary Principal: Bill Dygert
Date of drill: 11/20/25 Number of students: 374 Number of Staff: 56
Time initiated: 2:00 ☐ a.m. ☒ p.m. Time concluded 2:06 ☐ 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 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 25/26 school year

Name of person conducting drill: Bill Dygert

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] 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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