

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: Vicksburg Middle School

Principal: Allison Dygent

Date of drill: 9/4/25 Number of students: 600 Number of staff: 60

Time initiated: 12:50 (a.m./p.m.) Time concluded: 1:00 (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 ^{2025/26}~~2021/2022~~ school year

Tornado drill number 1 2 for the ~~2021/2022~~ school year

Safety/Security drill number 1 2 3 for the ~~2021/2022~~ school year

Name of person conducting drill: Joe Werkema

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: _____

Date: 9/4/25

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: _____

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: Vicksburg Middle School Principal: Allison Dygert

Date of drill: 9/5/25 Number of students: 600 Number of Staff: 60

Time initiated: 100 ☐ a.m. ☒ p.m. Time concluded 110 ☐ 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 _____ school year

Name of person conducting drill: Joe Werkema

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 09/05/25

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: Vicksburg Middle School Principal: Allison Dygert

Date of drill: 9/10/25 Number of students: 600 Number of Staff: 60

Time initiated: 100 ☐ a.m. ☒ p.m. Time concluded 110 ☐ 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 2025/26 school year

Safety/Security drill number ☐ 1 ☐ 2 ☐ 3 for the _____ school year

Name of person conducting drill: Joe Werkema

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 9/10/25

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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