

School Drill Documentation Form

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: University Prep Science & Math Middle School

Principal: G. L. Williams

Date of drill: 3/22/24 Number of students: 500 Number of staff: 45

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:
 (circle number next to applicable drill)

Fire drill number **1 2 3 4 5** for the 2022/2023 school year

Tornado drill number **① 2** for the ^{2023/2024}~~2022/2023~~ school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: School Operations Manager

Signature or person conducting drill: [Signature] Date: 3/22/24

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.
 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: University Prep Science & Math Middle School

Principal: G Williams

Date of drill: 5/3/24 Number of students: 498 Number of staff: 43

Time initiated: 9:45 (a.m./p.m.) Time concluded: 9:49 (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 2022/2023 school year
(circle number next to applicable drill) 2023/2024

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: School Ops Mgr

Signature or person conducting drill: [Signature] Date: 5/3/24

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: University Prep Science & Math Middle School

Principal: G Williams

Date of drill: 4/26/24 Number of students: 499 Number of staff: 43

Time initiated: 1:45 (a.m./(p.m.)) Time concluded: 1:51 (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 2022/2023 school year
(circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 (2) 3** for the ^{2023/2024} ~~2022/2023~~ school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: Douglas Sch Ops Mgr.

Signature or person conducting drill: Douglas Date: 4/26/24

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: University Prep Science & Math Middle School

Principal: G. Williams

Date of drill: 5/2/24 Number of students: 498 Number of staff: 43

Time initiated: 2:00 (a.m./p.m.) Time concluded: 2:05 (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 ~~2022/2023~~ ^{2023/2024} school year
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 3** for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: School Operations Mgr.

Signature or person conducting drill: [Signature] Date: 5/2/24

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: University Prep Science & Math Middle Sch

Principal: Geoff Williams

Date of drill: 5/31/24 Number of students: 498 Number of staff: 43

Time initiated: 10:15 AM (a.m./p.m.) Time concluded: 10¹⁸ (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 2022/2023 school year

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **1 2 ③** for the ~~2022/2023~~ school year
 2023-2024

Name of person conducting drill: D Douglas

Title of person conducting drill: D Douglas School Ops Mgr.

Signature or person conducting drill: Douglas Douglas Date: 5/31/24

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: University Prep Science & Math MS

Principal: G L Williams

Date of drill: 6/11/24 Number of students: 497 Number of staff: 43

Time initiated: 11:30 (a.m./p.m.) Time concluded: 11:35 (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: _____ Fire drill number 1 2 3 4 **5** for the ^{2023/2024} ~~2022/2023~~ school year
 (circle number next to applicable drill)

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: SOH

Signature or person conducting drill: D. Douglas Date: 6/11/24

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: University Prep Science & Math Middle Sch.

Principal: G. Williams

Date of drill: 9-13-23 Number of students: 512 Number of staff: 44

Time initiated: 9:45 AM (a.m./p.m.) Time concluded: 9:48 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 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 **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: Denise Douglas

Title of person conducting drill: Sch. Cop. Insp.

Signature or person conducting drill: [Signature] Date: 9-13-23

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: University Prep Science & Math Middle Sch.

Principal: G. Williams

Date of drill: 9/25/23 Number of students: 514 Number of staff: 50

Time initiated: 1:45 (a.m./p.m.) Time concluded: 1:49 PM (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 2023/2024 school year

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: Denise Douglas

Title of person conducting drill: School Op. Mgr.

Signature or person conducting drill: DD Douglas Date: 9/25/23

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: UPLM MS

Principal: G. Williams

Date of drill: 10/2/23 Number of students: 515 Number of staff: 50

Time initiated: 10¹⁵ (a.m./p.m.) Time concluded: 10¹⁸ (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 2022/2023 school year
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2022/2023 school year

Safety/Security drill number **(1) 2 3** for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: School Operations Mgr.

Signature or person conducting drill: [Signature] Date: 10/2/23

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: U.PSM MS

Principal: G Williams

Date of drill: 10/5/23 Number of students: 511 Number of staff: 50

Time initiated: 2⁰⁰ pm (a.m./p.m.) Time concluded: 2⁰⁴ pm (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 2022/2023 school year

Tornado drill number 1 2 for the 2022/2023 school year

Safety/Security drill number 1 2 3 for the 2022/2023 school year

Name of person conducting drill: Denise Douglas

Title of person conducting drill: SOM

Signature or person conducting drill: [Signature] Date: 10/5/23

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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