



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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 9-11-23 Number of students: 117 Number of staff: 12

Time initiated: 9:08 (a.m./p.m.) Time concluded: 9:12 (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 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 23-24 school year

Tornado drill number 1 2 for the 23-24 school year

Safety/Security drill number 1 2 3 for the 23-24 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 9-11-23

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: _____

*Must post on the school's website within 30 days after completing the drill.
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School: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 10-19-23 Number of students: _____ Number of staff: _____

Time initiated: 8:55 (a.m./p.m.) Time concluded: 8:59-9:00 (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: Went very smooth - considering M.S. were moving in between classes.

This report is for:
 (circle number 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: Amy Samborn

Title of person conducting drill: School Secretary

Signature or person conducting drill: Amy Samborn Date: 10-19-23

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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School: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 11-13-23 Number of students: _____ Number of staff: _____

Time initiated: 2:10 (a.m./p.m.) Time concluded: 2:12:31 (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
(circle number next to applicable drill)

_____ 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: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 11-13-23

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 2-8-24 Number of students: 107 Number of staff: 16

Time initiated: 2:30 (a.m./p.m.) Time concluded: 2:33 (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: All 3 specials/electives teachers were involved

This report is for: _____ Fire drill number **1 2 3 4 5** for the _____ school year
(circle number next to applicable drill)

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: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 2-8-2024

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 4-15-24 Number of students: 11 Number of staff: 12

Time initiated: 9:09 (a.m./p.m.) Time concluded: 9:13 (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 <i>end of</i>	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Forgot to Call Veterans Alarm to notify of our Drill
* note placed on pull box as reminder for next time *

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

Fire drill number **1 2 3 4** **(5)** for the 23-24 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: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 4-15-24

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 3-21-2024 Number of students: 103 Number of staff: 13

Time initiated: 1:48 (a.m./p.m.) Time concluded: 1:52 (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 <u>p.m.</u>	<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: also included p.m. electives (tech, spanish, band, music)

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

Fire drill number **1 2 3 4 5** for the 23-24 school year

Tornado drill number **(1) 2** for the 23-24 school year

Safety/Security drill number **1 2 3** for the 23-24 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 3-21-2024

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 5-1-24 Number of students: 112 Number of staff: 14

Time initiated: 8:48 (a.m./p.m.) Time concluded: 9:57 (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 checked="" type="checkbox"/> Other: <u>Chapel</u>

Remarks: 1st time we have held a drill @ chapel.

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

Fire drill number **1 2 3 4 5** for the _____ school year

Tornado drill number **1 ②** for the 23-24 school year

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

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 5-1-24

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 9-19-23 Number of students: 117 Number of staff: 12

Time initiated: 10:17 (a.m./p.m.) Time concluded: 10:25 (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
(circle number next to applicable drill)

Tornado drill number **1 2** for the _____ school year

Safety/Security drill number **① 2 3** for the 23-24 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 9-19-23

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: _____

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School: Trinity Lutheran

Principal: Karen Friebe

Date of drill: 12-21-23 Number of students: 114 Number of staff: 14

Time initiated: 9:46 (a.m./p.m.) Time concluded: 9:58 (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: teachers/ students did well - were secure w/in 3 min. waited & rechecked all doors/rooms - no movement

This report is for: Fire drill number **1 2 3 4 5** for the _____ school year
 (circle number next to applicable drill)
 Tornado drill number **1 2** for the _____ school year
 Safety/Security drill number **1 ② 3** for the 23-24 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: principal

Signature or person conducting drill: Karen Friebe Date: 12-21-23

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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