

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: Lighthouse Academy South Principal: Stacey Martinez

Date of drill: 12/11/2025 Number of students: 104 Number of Staff: 31

Time initiated: 1:20 ☐ a.m. ☒ p.m. Time concluded 1:22 ☐ a.m. ☒ p.m.

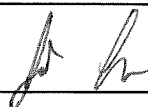

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input 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 2025-2026 school year

Name of person conducting drill: John Lloyd

Title of person conducting drill: Behavior Interventionist

Signature or person conducting drill:   Date: 12/11/2025

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.*

School Drill Observation Tool

Problems Encountered (Check all that apply)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of proper procedures<input type="checkbox"/> Staff unsure of proper procedures<input type="checkbox"/> Use of personal technologies by students<input type="checkbox"/> Use of personal technologies by staff<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Difficulties with evacuation of students or staff with disabilities<input type="checkbox"/> Staff and adults unaccounted for<input type="checkbox"/> Students unaccounted for<input type="checkbox"/> Staff not serious about drill<input type="checkbox"/> Students not serious about drill | <ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network/computer problems<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (safety/security drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Frightened students (safety/security drill)<input type="checkbox"/> Improper or unavailable supplies<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or exits blocked<input type="checkbox"/> Transportation issues<input type="checkbox"/> Interagency communication issues<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____ |
|---|---|

Weather Conditions

- | | |
|---|--|
| <ul style="list-style-type: none"><input checked="" type="checkbox"/> Clear<input type="checkbox"/> Cloudy<input type="checkbox"/> Raining<input type="checkbox"/> Rain and wind | <ul style="list-style-type: none"><input type="checkbox"/> Windy<input type="checkbox"/> Snow/Sleet<input type="checkbox"/> Hot (above 80 degrees)<input checked="" type="checkbox"/> Cold (10 to 40 degrees) |
|---|--|

Plans for Improvement

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies | <ul style="list-style-type: none"><input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Improved communication<input type="checkbox"/> Other: _____ |
|---|---|

Additional Comments

The drill went as planned.