

## 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"><li>One drill shall include security measures that are appropriate to an emergency, such as the release of a hazardous material.</li><li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li><li>Seek input from the administration of the school and local public safety on the nature of the drill.</li></ul>

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: The Pier Principal: Matt Milanowski

Date of drill: 7/28/2025 Number of students: 5 Number of Staff: 2

Time initiated: 10:30 ☒ a.m. ☐ p.m. Time concluded 10:35 ☒ 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: Matt Milanowski

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 8/4/2025

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)	
<input type="checkbox"/> Congestion in hallways	<input type="checkbox"/> Radio communication problems
<input type="checkbox"/> Alarm not heard	<input type="checkbox"/> Network/computer problems
<input type="checkbox"/> Students unsure of proper procedures	<input type="checkbox"/> Weather-related problems
<input type="checkbox"/> Staff unsure of proper procedures	<input type="checkbox"/> Noise impedes communications
<input type="checkbox"/> Use of personal technologies by students	<input type="checkbox"/> Students not out of sight (safety/security drill)
<input type="checkbox"/> Use of personal technologies by staff	<input type="checkbox"/> Long time to evacuate building
<input type="checkbox"/> Unable to lock doors	<input type="checkbox"/> Frightened students (safety/security drill)
<input type="checkbox"/> Windows not covered	<input type="checkbox"/> Improper or unavailable supplies
<input type="checkbox"/> Windows left open	<input type="checkbox"/> Confusion
<input type="checkbox"/> Doors left open	<input type="checkbox"/> Doors or exits blocked
<input type="checkbox"/> Difficulties with evacuation of students or staff with disabilities	<input type="checkbox"/> Transportation issues
<input type="checkbox"/> Staff and adults unaccounted for	<input type="checkbox"/> Interagency communication issues
<input type="checkbox"/> Students unaccounted for	<input type="checkbox"/> Incident command problems
<input type="checkbox"/> Staff not serious about drill	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Students not serious about drill	

Weather Conditions	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind	<input type="checkbox"/> Windy <input type="checkbox"/> Snow/Sleet <input checked="" type="checkbox"/> Hot (above 80 degrees) <input type="checkbox"/> Cold (10 to 40 degrees)

Plans for Improvement	
<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	<input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Improved communication <input type="checkbox"/> Other: _____

Additional Comments