

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: Genesee Christian School

Principal: JODI ARNST

Date of drill: May 3, 2022 Number of students: 107 Number of staff: 19

Time initiated: 8:29 (a.m./p.m.) Time concluded: 8:32 (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 2021/2022 school year
(6)
 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: JODI ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 5/3/2022

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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School: Genesee Christian School

Principal: Mrs. JODI ARNST

Date of drill: 3-2-2022 Number of students: 118 Number of staff: 16

Time initiated: 10:40 (a.m./p.m.) Time concluded: 10:42 (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 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: JODI ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 3-2-22

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: Genesee Christian School

Principal: Mrs. JODI ARNST

Date of drill: 3-15-2022 Number of students: 110 Number of staff: 19

Time initiated: 11:03 (a.m./p.m.) Time concluded: 11:06 (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: 1:25

This report is for: Fire drill number 1 2 3 **4** 5 for the 2021/2022 school year
 (circle number next to applicable drill)
 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: JODI ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 3-15-2022

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: Genesee Christian School Elementary

Principal: Jodi Arnst

Date of drill: 4-8-22 Number of students: 117 Number of staff: 17

Time initiated: 1:03 (a.m./p.m.) Time concluded: 1:05 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 **5** for the 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: Jodi Arnst

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 4-8-22

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: Genesee Christian Elem

Principal: Mrs. JODI ARNST

Date of drill: 1-11-2022 Number of students: 101 Number of staff: 15

Time initiated: 9:41 (a.m./p.m.) Time concluded: 9:43 (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: Problem found, discussed, resolved.

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

Fire drill number **1** **2** **3** **4** **5** for the 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: Mrs. JODI ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 1-11-2022

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: Genesee Christian School

Principal: Mrs. J. Arnst

Date of drill: 10-8-21 Number of students: 117 Number of staff: 18

Time initiated: 12:41 (a.m./p.m.) Time concluded: 12:43 (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 checked="" type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: 1:04

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

Fire drill number 1 2 **3** 4 5 for the 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: JODI ARNST

Title of person conducting drill: Principal

Signature or person conducting drill: Jodi Arnst Date: 10-8-21

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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