

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: Genesee Christian School

Principal: Robert Buchalski/Michelle Mein

Date of drill: 9/13/24 Number of students: 189 Number of staff: _____

Time initiated: 10:11 am (a.m./p.m.) Time concluded: 10:13 am (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 3rd hour | <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: Michelle Mein/Robert Buchalski

Title of person conducting drill: Assistant Principal/Principal

Signature or person conducting drill: _____ Date: 9/13/24

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: Genesee Christian School Principal: Rob Buchalski

Date of drill: 9/16/24 Number of students: 193 Number of Staff: _____

Time initiated: 10:14 a.m. p.m. Time concluded 10:16 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: During 3rd hour

This report is for: _____ Fire drill number 1 2 3 4 5 for the _____ school year
 (check box next to applicable drill) Tornado drill number 1 2 for the 2024/2025 school year
 Safety/Security drill number 1 2 3 for the _____ school year

Name of person conducting drill: Michelle Mein

Title of person conducting drill: Assistant Principal

Signature or person conducting drill: _____ Date: 9/16/24

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: Genesee Christian School Principal: Rob Buchalski

Date of drill: 9/20/24 Number of students: 190 Number of Staff: 18

Time initiated: 10:12 a.m. p.m. Time concluded 10:14 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 _____ school year

Name of person conducting drill: Michelle Mein, Rob Buchalski

Title of person conducting drill: Assistant Principal/Principal

Signature or person conducting drill: _____ Date: 9/20/24

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: Genesee Christian School Principal: Rob Buchalski

Date of drill: 10/16/24 Number of students: 183 Number of Staff: 18

Time initiated: 1:27 a.m. p.m. Time concluded 1:29 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 2024/2025 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: Rob Buchalski/Michelle Mein

Title of person conducting drill: Principal/Assistant Principal

Signature or person conducting drill:  Date: 10/16/24

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: Genesee Christian School Principal: Rob Buchalski

Date of drill: 11/11/24 Number of students: 183 Number of Staff: 19

Time initiated: 2:18 a.m. p.m. Time concluded 2:20 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 2024/2025 school year
 (check box 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: Rob Buchalski/Michelle Mein

Title of person conducting drill: Administrator/Assistant Principal

Signature or person conducting drill:  Date: 11/11/24

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: Genesee Christian School Principal: Rob Buchalski

Date of drill: 1/9/25 Number of students: 182 Number of Staff: 21

Time initiated: 1:25 pm a.m. p.m. Time concluded 1:29 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 2024/2025 school year

Name of person conducting drill: Rob Buchalski

Title of person conducting drill: Administrators

Signature or person conducting drill: _____ Date: 1/9/25

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: Rob Buchalski

Date of drill: 3/7/25 Number of students: 180 Number of Staff: 20

Time initiated: 11:20 am a.m. p.m. Time concluded 11:30 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: (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 2024-2025 school year

Name of person conducting drill: Rob Buchalski

Title of person conducting drill: Administrator

Signature or person conducting drill:  Date: 3/7/25

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: Rob Buchalski

Date of drill: 3/19/25 Number of students: 189 Number of Staff: 20

Time initiated: 12 45 a.m. p.m. Time concluded 12 47 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: (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 2024-2025 school year

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

Name of person conducting drill: Michelle Mein

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 3/19/25

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: Rob Buchalski

Date of drill: 5/5/25 Number of students: 184 Number of Staff: 19

Time initiated: 10:17 a.m. p.m. Time concluded 10:19 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 2024/2025 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: Michelle Mein

Title of person conducting drill: Assistant Principal

Signature or person conducting drill:  Date: 5/5/25

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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