

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.
<i>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.</i>	

School: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 9-10-24 Number of students: 106 Number of staff: 12

Time initiated: 8:30 (a.m./p.m.) Time concluded: 8:40 (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: 3 min. 45 sec. to vacate bldg.
* Red bags + walkie talkies

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

Fire drill number 1 ~~2~~ ~~3~~ ~~4~~ ~~5~~ for the 24-25 school year

Tornado drill number 1 2 for the 24-25 school year

Safety/Security drill number 1 2 3 for the 24-25 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 9-10-24

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 9-20-24 Number of students: 105 Number of staff: 12

Time initiated: 9:00 (a.m./p.m.) Time concluded: 9:20 (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 <u>M.S.</u>	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: Again - Emergency bags & walkie talkies

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

Fire drill number **1 2 3 4 5** for the: 24-25 school year

Tornado drill number **① 2** for the 24-25 school year

Safety/Security drill number **1 2 3** for the 24-25 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: *K Friebe* 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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 10-2-24 Number of students: 102 Number of staff: 12

Time initiated: 12:45 (a.m./p.m.) Time concluded: 1:00 (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: Stay in place - drill (thru M-S. Change time)

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

Fire drill number **1 2 3 4 5** for the 24-25 school year

Tornado drill number **1 2** for the 24-25 school year

Safety/Security drill number **(1) 2 3** for the 24-25 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 10-2-24

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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<i>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.</i>	

School: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 11-4-24 Number of students: 106 Number of staff: 12

Time initiated: 1:40 (a.m./p.m.) Time concluded: 1:50 (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: Bldg empty in 3min 15 sec.
All teachers had em. bags + walkies

This report is for: _____
 (circle number 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 2024/2025 school year
 Safety/Security drill number **1** **2** **3** for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 11-4-24

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: 12-16-24 Number of students: 101 Number of staff: 11

Time initiated: 12:20 (a.m./p.m.) Time concluded: 12:40 (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 checked="" type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: worked well because classes sit together * out in 2 min 50 sec.
* Not all tchrs had bags + walkies

This report is for:
 (circle number 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 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: K Friebe Date: 12-16-24

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 2-26-25 Number of students: 99 Number of staff: 12

Time initiated: 9:30 (a.m./p.m.) Time concluded: 10:10 (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: used more info between office/teachers to keep informed (per ~~XXXXXX~~ training)

This report is for:
 (circle number 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 2024/2025 school year

Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 2-26-25

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 3-20-25 Number of students: 106 Number of staff: 12

Time initiated: 10:40 (a.m./p.m.) Time concluded: 10:58 (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
 (circle number next to applicable drill)

Tornado drill number **1 2** for the 2024/2025 school year

Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 3-20-25

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 4-6-25 Number of students: 105 Number of staff: 12

Time initiated: 10:30 (a.m./p.m.) Time concluded: 10:45 (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: Some students (P/K/K) were outside

This report is for:
 (circle number 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 2024/2025 school year

Safety/Security drill number 1 2 3 for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 4-6-25

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 5-9-2025 Number of students: 104 Number of staff: 11

Time initiated: 1:45 (a.m./p.m.) Time concluded: 2:00 (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: Bldg lock down for "intruder"; doors (class) barricaded

This report is for:
 (circle number 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 2024/2025 school year

Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Principal

Signature or person conducting drill: Karen Friebe Date: 5-10-25

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: Trinity Lutheran School

Principal: Karen Friebe

Date of drill: 5-21-25 Number of students: 106 Number of staff: 12

Time initiated: 8:15 a.m. (a.m./p.m.) Time concluded: 8:22 (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 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: 7/8 was going to conf. class - everything smooth - bldg empty in just over 2 min.

This report is for: (circle number 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 2024/2025 school year
 Safety/Security drill number **1 2 3** for the 2024/2025 school year

Name of person conducting drill: Karen Friebe

Title of person conducting drill: Karen Friebe Principal

Signature or person conducting drill:  Date: 5-21-25

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: _____

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