

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: St. Peter's, Richmond, MI Principal: Heather Haller

Date of drill: 9-13-2024 Number of students: 103 Number of Staff: 19

Time initiated: 11:30 ☒ a.m. ☐ p.m. Time concluded 11:37 ☒ 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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 9-13-2024

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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 09/27/2024 Number of students: 104 Number of Staff: 7

Time initiated: 10:01 ☒ a.m. ☐ p.m. Time concluded 10:06 ☒ 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:

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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 9/27/2024

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: St. Peter's Lutheran Principal: Heather Haller

Date of drill: 10-14-2024 Number of students: 103 Number of Staff: 15

Time initiated: 1:30 ☐ a.m. ☒ p.m. Time concluded 1:40 ☐ 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:

This report is for: (check box next to applicable drill) Fire drill number ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 for the 2024-25 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: Tina Schuldt

Title of person conducting drill: Administrative Assistant

Signature or person conducting drill:  Date: 10-14-2024

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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 4-16-2025 Number of students: 103 Number of Staff: 18

Time initiated: 12:10 ☐ a.m. ☒ p.m. Time concluded 12:17 ☐ 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:

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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 4-16-2025

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: _____

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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: St. Peter's School, Richmond, MI Principal: Heather Haller

Date of drill: 5-20-2025 Number of students: 102 Number of Staff: 18

Time initiated: 10:15 ☒ a.m. ☐ p.m. Time concluded 10:21 ☒ 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 _____ 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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill: Heather Haller Date: 5-20-2025

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: _____

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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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 3/20/2025 Number of students: 97 Number of Staff: 15

Time initiated: 8:58 am ☒ a.m. ☐ p.m. Time concluded 9:04 ☒ 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)

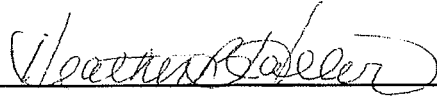
Fire drill number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 for the _____ school year

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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 3/20/2025

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: _____

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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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 4-30-2025 Number of students: 102 Number of Staff: 18

Time initiated: 9:30 ☒ a.m. ☐ p.m. Time concluded 9:39 ☒ a.m. ☐ p.m.

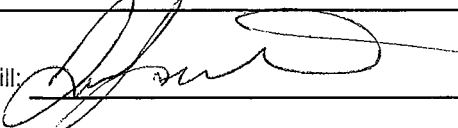
Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input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

Title of person conducting drill: Administrative Assistant

Signature or person conducting drill:  Date: 4-30-2025

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: _____

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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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 11/15/2024 Number of students: 100 Number of Staff: 15

Time initiated: 2:00 ☐ a.m. ☒ p.m. Time concluded 2:07 ☐ 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 _____ 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 2024-2025 school year

Name of person conducting drill: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 11/15/2024

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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 1-13-2025 Number of students: 105 Number of Staff: 15

Time initiated: 9:00 ☒ a.m. ☐ p.m. Time concluded 9:10 ☒ 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:

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: Heather Haller

Title of person conducting drill: Heather Haller

Signature or person conducting drill:  Date: 1-13-2025

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: _____

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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: St. Peter's Lutheran School Principal: Heather Haller

Date of drill: 2-4-2025 Number of students: 104 Number of Staff: 18

Time initiated: 10:00 ☒ 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:

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: Heather Haller

Title of person conducting drill: Principal

Signature or person conducting drill:  Date: 2/4/2025

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: _____

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