

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: Bellview Elementary

Principal: Julie Piper

Date of drill: 9/12/23 Number of students: 203 Number of staff: 28

Time initiated: 8:30 (a.m./p.m.) Time concluded: 8:32:39 (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:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Julie Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 9/12/23

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: Macomb County OGM Name: _____ Title: _____

Agency: SCRESA Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

Documentation of the completed school safety drills must be maintained on the school's 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: Bellview Elementary

Principal: Julie Piper

Date of drill: 9/25/23 Number of students: 200 Number of staff: 28

Time initiated: 8:30 (a.m./p.m.) Time concluded: 9:30 (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 2023/2024 school year

Tornado drill number **1** **2** for the 2023/2024 school year

Safety/Security drill number **(1)** **2** **3** for the 2023/2024 school year

Name of person conducting drill: Julie Piper

Title of person conducting drill: Principal

Signature or person conducting drill: Piper Date: 9/25/23

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: Macomb County OEM Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

Documentation of the completed school safety drills must be maintained on the school's 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: Bellview Elementary

Principal: Julie Piper

Date of drill: 10/5/23 Number of students: 202 Number of staff: 28

Time initiated: 2:00 (a.m./p.m.) Time concluded: 2:03:10 (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:
(circle number next to applicable drill)

Fire drill number 1 (2) 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: Julie Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 10/5/23

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: Macomb County OGM Name: _____ Title: _____

Agency: SERESA Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
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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: Bellview Elementary

Principal: J. Piper

Date of drill: 11/8/23 Number of students: 199 Number of staff: 28

Time initiated: 1:15 (a.m./p.m.) Time concluded: 1:17 (a.m./p.m.)
2:05 2 min 5 sec

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 2023/2024 school year

Tornado drill number **1** **2** for the 2023/2024 school year

Safety/Security drill number **1** **2** **3** for the 2023/2024 school year

Name of person conducting drill: Julie Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: _____

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: Macomb County OEN Name: _____ Title: _____

Agency: SEREST Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

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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: Bellview Elementary

Principal: J. Piper

Date of drill: 12/6/23 Number of students: 201 Number of staff: 28

Time initiated: 1:30 (a.m./p.m.) Time concluded: 1:32 (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 2023/2024 school year

Tornado drill number 1 **2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Julie Piper

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature] Date: 12/6/23

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: Macomb County OEM 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: Bellview Elementary

Principal: J. Piper

Date of drill: 1/22/24 Number of students: 187 Number of staff: 33

Time initiated: 10:30 (a.m./p.m.) Time concluded: 10:32 (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 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: Jule Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 1/24/24

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: Bellview Elementary

Principal: J. Piper

Date of drill: 3/6/24 Number of students: 216 Number of staff: 30

Time initiated: 2:15:00 (a.m./p.m.) Time concluded: 2:15:55 (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 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: J. Piper

Title of person conducting drill: _____

Signature or person conducting drill: [Signature] Date: 3/6/24

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: Macomb County OEM 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: Bellview Elementary

Principal: J. Piper

Date of drill: 3/18/24 Number of students: 197 Number of staff: 28

Time initiated: 9:30 (a.m./p.m.) Time concluded: 9:32 (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: 3 classes in special

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

Fire drill number **1 2 3 4 5** for the 2023/2024 school year

Tornado drill number **1 2** for the 2023/2024 school year

Safety/Security drill number **1 2 3** for the 2023/2024 school year

Name of person conducting drill: J. Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 3/18/24

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: Macomb County OEM 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: Bellview Elementary

Principal: J. Piper

Date of drill: 4/2/24 Number of students: 216 Number of staff: 30

Time initiated: 12:30 (a.m./p.m.) Time concluded: 12:31:58 (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: 5th grade transitioning to lunch
4th grade transition from lunch

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

Fire drill number 1 2 3 4 5 for the 2023/2024 school year

Tornado drill number 1 2 for the 2023/2024 school year

Safety/Security drill number 1 2 3 for the 2023/2024 school year

Name of person conducting drill: J. Piper

Title of person conducting drill: Principal

Signature or person conducting drill: [Signature] Date: 2 4/2/24

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: Macomb County OGM Name: _____ Title: _____

Agency: SERESA Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.

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