# Athens Area Schools- Jr. / Sr. High 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 <br> • One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. <br> • One drill shall include security measures of a potentially dangerous individual on or near the school premises. <br> • 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: ___Athens Jr. Sr. High School___

Principal: ___John D. Thompson___

Date of drill: ___2/7/2025___    Number of students: ___255___    Number of staff: ___30___

Time initiated: ___9:01 AM___ (a.m/p.m.) Time concluded: ___9: 06___    (a.m/p.m.)

| Situation at Start of the Drill (Check the appropriate box) | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | Before school | X | During class time | O | Passing time | □ | Recess |
| D | Lunch time | O | Assembly | O | After school | □ | Other: |

## Remarks: ----------------------------------------------------------------

This report is for:
(circle number next to applicable drill)
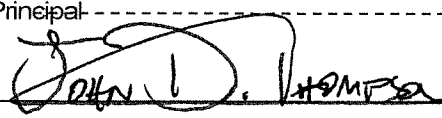
Fire drill number  1  2  3  4  5  for the _____ school year

Tornado drill number  1  2  for the _____ school year

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

Name of person conducting drill: ___John Thompson___

Title of person conducting drill:  Principal -------------------------------

Signature or person conducting drill: ___John D. Thompson___    Date: 2/7/2025

**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: Nottawasseppi Huron Band of the Potawatomi Name: Frank Rugg    Title School Resource Officer

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.*