Signature or person conducting drill:

Agency: WARREN POLICE DEPARTMENT

Agency:

agency, official's name, and title.

Agency:

## **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	<ul> <li>Three drills – One must be completed prior to December 1 and one after January 1</li> <li>One drill shall include security measures that are appropriate to an emergency, such as the release of a hazardous material.</li> <li>One drill shall include security measures of a potentially dangerous individual on or near the school premises.</li> <li>Seek input from the administration of the school and local public safety on the nature of the drill.</li> </ul>					
	ne of the drills must be co t not in classrooms.	nducted during a	lunch or recess period, or	at anoth	er time when students	
School: WARREN	WOODS TOWER H.S.	Principal: IAN	FREDLUND	4		
Date of drill: OCTOBER 7-2025		Number of stu	Number of students: 1100		ber of Staff: 100	
Time initiated: 9:5	5	m. Time conclud	ed <u>9:59:04</u>	m 🔲p.m		
Situation at Sta	rt of the Drill (Check the	appropriate box)				
☐ Before school ☐ During cla		ime Passing time			Recess	
Lunch time	Assembly		After school		Other:	
Remarks: TOTAL	TIME FROM BEGINNIN	G OF DRILL TO	ALL CLEAR WAS 4 MINU	JTES 4 S	SECONDS.	
This report is for: (check box next to applicable drill)		Fire drill nur	mber 1 2 3 4	□5 for	the school year	
		Т	ornado drill number 🗾 1	<b>2</b> for	the <u>2025-2026</u> school year	
		Safety/Securi	Safety/Security drill number 1 2 3 for the school year			
Name of person of	conducting drill: JOSH TH	ELEN				
Title of person co	onducting drill: ASSISTAN	T PRINCIPAL				
	(	1 —				

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.

Name: OFFICER FRANK MAREK

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the

Name:

Name:

Date: OCTOBER 7-2025

Title:

Title: SCHOOL R.O.

Title: