

School Drill Documentation Form

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: OXFORD CROSSROADS DAY SCHOOL
 Principal: GUY COCOCETTA
 Date of drill: 10/2/23 Number of students: 22 Number of staff: 7
 Time initiated: 1:15 (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 checked="" type="checkbox"/> Other: <u>2 campuses</u>

Remarks: ★ DONE WITH THE COOPERATION AND SUPPORT OF CAMP OAKLAND

This report is for: Fire drill number 1 2 3 4 5 for the 2023/2024 school year
 (circle number next to applicable drill)
 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: GUY COCOCETTA
 Title of person conducting drill: PRINCIPAL
 Signature or person conducting drill: [Signature] Date: 12/22/23

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: CAMP OAKLAND Name: KELLY SCHULTZ Title: CLINICAL DIRECTOR
 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.*