

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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 9/28/2023 Number of students: 602 Number of staff: 76

Time initiated: 9:45am (a.m./p.m.) Time concluded: 9:47:58 (a.m./p.m.) (2min 58sec)

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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 9/28/23

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: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Central dispatch notified ≈ 9:40am.

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.

Scanned to Danny 10/16/23

School Drill Documentation Form

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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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 10/11/2023 Number of students: 623 Number of staff: 80

Time initiated: 10:05am (a.m./p.m.) Time concluded: _____ (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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 10/16/23

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: _____ 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 10/24/23 Number of students: 588 Number of staff: 75

Time initiated: 12:50 (a.m./p.m.) Time concluded: 12:52:52 (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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 10/24/23

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: Central Dispatch notified 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: Eastpointe High School
 Principal: Todd Yarch
 Date of drill: 11/24/23 Number of students: 486 Number of staff: 70
 Time initiated: 1:00 (a.m./p.m.) Time concluded: 1:04 (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: _____ 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: Todd Yarch
 Title of person conducting drill: Principal
 Signature or person conducting drill: Todd Yarch Date: 11/21/2023

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: Central Dispatch 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 12/6/23 Number of students: 575 Number of staff: 73

Time initiated: 1:00 pm (a.m./p.m.) Time concluded: 1:05 pm (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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 2/7/2024 Number of students: 549 Number of staff: 73

Time initiated: _____ (a.m./p.m.) Time concluded: _____ (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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 2/7/24

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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 2/28/2024 Number of students: 587 Number of staff: 72

Time initiated: 1:08 pm (a.m./p.m.) Time concluded: 1:19 pm (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: Fire Alarm triggered with fire response

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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 2/28/24

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: Eastpointe fire Dept 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 3/14/2024 Number of students: 548 Number of staff: 75

Time initiated: 10:00 (a.m./p.m.) Time concluded: 10:09 (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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 3/14/2024

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: 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 4/2/2024 Number of students: 568 Number of staff: 78

Time initiated: 12:40 (a.m./p.m.) Time concluded: 12:43 (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 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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 4/2/2024

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: Macomb County OEM Name: _____ Title: _____

Agency: Fire Dept 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 4/18/24 Number of students: 546 Number of staff: 76

Time initiated: 1:05 (a.m./p.m.) Time concluded: 1:07 (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:
 (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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 4/18/24

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 DEM 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: Eastpointe High School

Principal: Todd Yarch

Date of drill: 5/1/2024 Number of students: 551 Number of staff: 77

Time initiated: 10:38 (a.m./p.m.) Time concluded: 10:44 (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: Todd Yarch

Title of person conducting drill: Principal

Signature or person conducting drill: Todd Yarch Date: 5/1/2024

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: Macomb County OEM Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

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