

# School Emergency Drills 2025-2026

## Documentation Form

### Type of Drill

- Fire Drill (5 required)
- Tornado Drill (2 required)
- Lock-Down/Shelter-in Place Drill (3 required)

### Time of Drill

- Standard
- Class Change
- Recess
- Other Events

Name of Reporting School: **EBENEZER CHRISTIAN SCHOOL**

Date of Drill: 10/1/25 Time drill was held: <sup>Fire</sup> 9:20 <sup>Tornado</sup> 9:05 (am/pm)

Total Participants: 21

This report is for emergency drill # Practice of \_\_\_\_\_.

Name of person conducting drill: **Carol Heine**

Title of person conducting drill: **Secretary**

Signature of person conducting drill: Carol F Heine

Name of School Principal or Designee: **Pam Bekkering**

Signature of Principal or Designee: \_\_\_\_\_

Drill was coordinated with Law Enforcement (county sheriff or chief of police or designee or MSP)

Name and Title: Pam Bekkering Admin

Date posted to website: \_\_\_\_\_

Documentation\Administrative\Emergency Drills\Documentation Form

*Secure - as normal  
Lockdown - in rooms  
Lockdown - evacuate  
Lockdown - instructions*

*Kathy Brench was here who is our Michigan Safety Consultant*

# LOCKDOWN DRILL WORKSHEET



School Ebenezer

Date/Time 10/1 9:00

Team Members Pam Bekkering, Carol Heine, Kathy Drentk  
Sarah Aungst, Dori Drentk, Cheyenne Moffatt  
Heather Allison

Stopwatch Time \_\_\_\_\_ Student Population 16 Staff Count Lo & Kathy  
 (3-5) (6-8) (all purpose) (off) (K-2) (PreSchool)

Room #	#1	#2	#3	#4	#5
Locks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lights	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Out of Sight	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Door Knock	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Options Used	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Room #	#1	#2	#3	#4	#5
To go Bags	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signs (OK)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Walkies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Doors closed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_