# 2024-2025

## Leon County School District, Emergency Drill (After-action Report)

###### Mandated by: The State of Florida and the Department of Education Email completed drill form to: [DrillForm@leonschools.net](mailto:DrillForm@leonschools.net)

**School:**

(Circle all participants) **Students / Faculty Date:**

**Emergency Drill Conducted:** (Circle One Below)

Active Assailant / Severe Weather / Natural Disaster / Hazardous Materials / Reunification

**Time of Day:** (Circle One Below)

##### Within one hour of school start time / During lunch / Between classes / Within one hour of school end time

|  |  |
| --- | --- |
| Student and/or Faculty actions: | Areas of success: |
| Areas for improvement: | Law enforcement input: |

\*\*If a Corrective Action Plan is needed, please submit a separate page with this drill form\*\*

#### Emergency drills must test all applicable functions included in the threat scenario.

*\*\*Indicate scenarios tested during drill\*\**

**Panic button activated:** YES / NO **Action taken:** Lockdown / Shelter in place / Evacuation  **Simulated communications with first responders:** YES / NO **Notification to parents:** YES / NO  **Appropriate protective actions taken:** Lights off / Barricade doors / Cover windows

**School Administrator Law Enforcement Officer**

|  |  |
| --- | --- |
| Print Name & Title: | Print Name / Agency / Badge Number: |
| Signature & Date: | Signature & Date: |

**District Security Center**



Print Name:

Signature & Date:

**2024-2025**

**Leon County School District, Fire Drill (After-action Report)**

###### Mandated by: The State of Florida and the Department of Education Email completed drill form to: [DrillForm@leonschools.net](mailto:DrillForm@leonschools.net)

**School:** (Circle all participants) **Students / Faculty Date:**

**Time of Day:** (Circle One Below)

Within one hour of school start time / During lunch / Between classes / Within one hour of school end time

|  |  |  |
| --- | --- | --- |
| Student and/or Faculty actions: | Areas of success: | Areas for improvement: |

\*\*If a Corrective Action Plan is needed, please submit a separate page with this drill form\*\*

Fire drills must test all applicable functions included in the scenario.

*\*\*Indicate scenarios tested during drill\*\**

**Panic button activated:** YES / NO **Evacuation:** YES / NO

**Simulated communications with first responders:** YES / NO **Notification to parents:** YES / NO

**Fire prevention instruction** YES / NO

\*\*Signature below from school administrator, indicates fire drill was completed in accordance with the Florida Fire Prevention Code, located at <https://www.myfloridacfo.com/division/sfm/bfp/florida-fire-prevention-code>

### School Administrator District Security Center

|  |  |
| --- | --- |
| Print Name & Title: | Print Name: |
| Signature & Date: | Signature & Date: |

