

SECTION 7

FORMS

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School _____

Date	Activity	Responsible Person	Date Completed
August	School Facilities/Grounds Hazard Assessment	_____	_____
August	Evacuation Routes Hazard	_____	_____
August	Update School Plot Plans	_____	_____
September	Emergency Phone Numbers and Resources Update	_____	_____
September	Survey of Special Staff Skills	_____	_____
September	Survey of Neighborhood Resources	_____	_____
September	Message to Parents	_____	_____
September	Assign Disaster Functions	_____	_____
September	Update Bus Routes to Identify Potential Hazards	_____	_____
September	Staff Orientation to Plan	_____	_____
April	Review Plan	_____	_____

Prepared By _____

Date Prepared _____ School Year _____

FORM B**BOMB THREAT REPORT**

School _____

Date _____ Time of Call _____ a.m. ___ p.m. ___

Call Received by _____

At _____ (Phone Number)

When is the bomb going to explode? _____ a.m. _____ p.m. _____

Where is it? _____

What will cause it to explode? _____

What kind of bomb? _____

Why are you doing this? _____

Who are you? _____

How can you be contacted? _____

Record the exact language of the threat: _____

How can you be contacted? _____

Voice on the phone: Man () Woman () Child () Age _____

Intoxicated () Accent () Speech Impediment ()

Other () _____

Background noise: Music () Talk () Children () Machines ()

Airplane () Typing () Traffic ()

Other () _____

Other: _____

Completed by: _____

Date: _____

FORM C
CLASSROOM HAZARD CHECKLIST

School _____ Room # _____

Date Due _____

	Yes	No	Unknown	Not Applicable
Are freestanding cabinets, bookcases, and wall shelves secured to a structural support?	_____	_____	_____	_____
Are heavy objects removed from high shelves? (High shelves are shelves above the heads of seated students/teachers desk.)	_____	_____	_____	_____
Are aquariums and other potentially hazardous displays located away from seating areas?	_____	_____	_____	_____
Are A.V. equipment and computers securely attached to a portable (rolling) cart with lockable wheels?	_____	_____	_____	_____
Is the T.V. monitor securely fastened to a securely fastened platform and/or cart?	_____	_____	_____	_____
Is the classroom piano secured against rolling during an earthquake?	_____	_____	_____	_____
Are wall mounted clocks, maps, fire extinguishers, etc., secured against falling?	_____	_____	_____	_____
Are hanging plants secured to prevent them from swinging free or breaking windows during an earthquake?	_____	_____	_____	_____
Is lab equipment secure to prevent movement?	_____	_____	_____	_____
Are chemicals stored to prevent spillage?	_____	_____	_____	_____
Is ventilation adequate where chemicals are stored?	_____	_____	_____	_____
Are typewriters, computers and other heavy equipment secured to prevent movement?	_____	_____	_____	_____
Are animal cages secured to prevent movement?	_____	_____	_____	_____
Are objects around doors secured so as not to fall and block egress?	_____	_____	_____	_____

Completed by: _____

Date: _____

Condition of Staff

_____ All Accounted For _____ No Injuries _____ No immediate help required
_____ Missing (number) _____ Names

_____ Trapped in Building (number) _____ Names

_____ Injured (number) _____ Number Requiring Immediate Medical Attention

Type of Injury	Names
_____	_____
_____	_____
_____	_____
_____	_____

Condition of School Building and Grounds

e.g.: wall cracked, fallen light fixtures, shattered windows, broken water pipes, flooding, etc.

Condition of Neighborhood

e.g.: fallen power lines, debris-cluttered streets, etc.

School _____

Completed by _____ Date _____ Time _____

_____ Number of children remaining at school

_____ Number of staff members remaining to care for children

_____ Assistance Required:

_____ water

_____ food

_____ blankets

_____ additional personnel (number) to assist in student care

_____ Other:

School _____

	Yes	No	Location
Is any maintenance and/or repairs being done that places construction obstacles in normal evacuation routes?	___	___	_____
Do hallways and/or doors contain glass panels?	___	___	_____
Are these panels of safety (tempered) glass?	___	___	_____
Do lockers, bookshelves and other storage units line hallways?	___	___	_____
Is lighting dependent on electricity rather than sunlight?	___	___	_____
Do building exit routes pass through arcades, canopies or porch-like structures?	___	___	_____
Are clay or slate tiles on roofs of school buildings?	___	___	_____
Is building faced with parapets, balconies or cornices?	___	___	_____
Are gas, sewer and power lines near outdoor assembly areas?	___	___	_____

Note: (1) This form is to be completed each school year prior to return of teachers.

(2) Results from this assessment may:

- result in memo to staff alerting them to temporary changes in normal evacuation routes
- require the completion of a Hazardous Report Form included in the Injury and Illness Prevention Handbook

Completed by: _____

Date: _____

School _____

School Year _____

Resource	Resource Persons Name	Phone Number
Fire		
Transportation		
Communications		
Search/Rescue		
Medical Care		
Care of Students At School		
Food Preparation		
Engineering/Structural Safety		

School _____

School Year _____

Experience/Equipment	Name of Employee(s)
Medical/First Aid Experience	
Search & Rescue Experience	
Fire Fighting Experience	
Communication Equipment (Indicate Type)	
Accessible Emergency Vehicles and Equipment	

School _____

Date _____ Time _____

Student's Name _____

Authorized Adult _____

Relationship to Student _____

Student Being Transported to _____

Phone Number _____

Verified by Student Release Center _____

(Signature)

