EMERGENCY HAZARD ASSESSMENT SUMMARY

School   Location Code

Name   Position

Date

On-Site Hazard:

[List any unusual on-site hazards which are unique to the school, e.g., underground storage tanks, unusual chemicals]

Off-Site Hazards:

[List any unusual off-site hazards unique to the school, e.g. freeways, railroads, pipelines, power transmission lines, industrial facilities]

BOMB THREAT REPORT

School _____   Location Code _____

Date of Call _____   Time of Call _____

Person Receiving Call _____

I. REPORT OF PERSON RECEIVING CALL	
A. Ask the caller the following questions	
Where is the bomb (building, location)?	
What time is it set to go off?	
What kind of bomb is it? What does it look like?	
Who set the bomb? Why was the bomb set?	
What is your name?	
How old are you?	
Where do you live?	

B. Evaluate the voice of the caller, and check the appropriate spaces below:

☐ Male		☐ Intoxicated	
☐ Female		☐ Speech Impediment	
☐ Child		☐ Special Ethnic Characteristics	
Age (Approx.)		Other	

C. Listen for any background noise. (Check appropriate spaces below, if applicable):

☐ Music		☐ Babies or children		☐ Airplane	
☐ Conversation		☐ Cars/trucks		Other	
☐ Typing		☐ Machine noise			

II. REPORT BY PRINCIPAL		
A. The police were contacted by (Name of person)		
Date	Time	
Police personnel taking call		
Officer responding to call		

B. Was a search made for the bomb? ☐ Yes   ☐ No

If "yes," give details regarding search

C. Was an evacuation conducted? ☐ Yes   ☐ No

If "yes," indicate buildings or areas evacuated

D. Remarks:

This form shall be completed in duplicate (submit original to Educational Service Center Operations Coordinator and copy for school files).

INJURY REPORT

School   Room Number

Teacher's Name   Date

INJURED		
NAME	**TYPE OF INJURY**	**LOCATION OF PERSON**

MISSING PERSONS REPORT

School _____   Room Number _____

Teacher's Name _____   Date _____

MISSING PERSONS	
NAME	**LAST SEEN LOCATION**

STUDENT RELEASE LOG

NOTE: Schools may only release students to individuals who have been designated by the custodial parent/guardian.

School _____

Date _____

STUDENT'S NAME	RELEASE TIME	NAME OF PERSON RELEASED TO	ADULT SIGNATURE

[Note: Maintain the original in the emergency document file.]

SCHOOL/SITE PRELIMINARY DAMAGE REPORT (PDR)

(Please use this form to report your status to the Educational Service Center)

School/Site:				Location Code:	

Date:		Time:		Person in Charge:	

Contact information (How the school can be reached for additional information):

Please answer the following:

Number of deaths	# of Students		# of Staff		None	☐
Number of injuries	# of Students		# of Staff		None	☐

How many buildings at your site are visibly damaged?

Describe the type and extent of damage you observe:

Summarize emergency response actions already taken:

Do you have the following capabilities?

Power	☐ Yes	☐ No	Landline Phone	Contact #		☐ Yes	☐ No
Water	☐ Yes	☐ No	Cellular Phone	Contact #		☐ Yes	☐ No
Natural Gas	☐ Yes	☐ No	Two-way Radio			☐ Yes	☐ No

Location of evacuated students	
List critical issues on site	
List other issues	
List assistance requested	

EMERGENCY DRILL DATA WORKSHEET

Use this form to record your drill information; then enter the data at http://emergencydrills.lausd.net and receive your emailed certificate.

School/Site:		Location Code:	
Name:		Position:	
E-Mail:		Date:	

Drill Type -- Choose one

☐	Fire	☐	Drop/Cover/Hold on or Drop
☐	Earthquake drill with evacuation	☐	Lockdown
☐	Shelter in Place	☐	

1. What type of alert system did you use to alert students/staff of the drill?							
☐	Fire Alarm/Bell	☐	Voice through Intercom/PA	☐	Bull Horn	☐	Whistle

(Omit #2 for Drop/Cover/Hold or Drop)

2.Time Drill Started:		☐ am	☐ pm	Time Drill Completed:		☐ am	☐ pm
3. Total number of staff involved in the drill activity?							
4. Total number of students involved in the drill activity?							
5. Did any students with special needs participate in the drill? If yes, about how many?							
6. Did you encounter any challenges with students with special needs? (Y/N)							
7. If yes, Please describe challenges:							

(Omit #8 for Drop/Cover/Hold or Shelter-in-Place, Drop & Lockdown)

8. How long did it take to evacuate all buildings? (minutes) (Time from START of drill to the time when last staff or student arrived at the staging area.)	

(Omit #9 for Drop/Cover/Hold or Drop)

9. Did you establish an Incident Command Post?	☐ Yes	☐ No
10. Did staff bring the School Emergency Response Box to the assembly area?(Y/N)	☐ Yes	☐ No

11. Did you use the District's Safe School Plan, Volume 2 - Emergency Procedures during: (Check all that apply)			
☐	Yes, during the planning of the drill	☐	Yes, during the execution of drill.
☐	Yes, after the drill.	☐	No, we did not use the Safe School Plan.

(Omit #12, 13&14 for Drop/Cover/Hold or Drop)

12. Did you use any supplies during the drill? (Check all that apply)			
☐	Yes, our staff took supplies out of their storage area.		
☐	Yes, our staff used the supplies during the drill.		
☐	No, we did not use emergency supplies.		
13. Were parents notified either before or after the drill? (Y/N)	☐ Yes		☐ No
14. How were parents notified? (method)			
15. Did any parents participate in drill? If yes, about how many?	☐ Yes		
16. What did parents do?			

EMERGENCY DRILL DATA WORKSHEET (CONTINUED)

17. Did you encounter any behavioral problems (non-participation, student/staff distractions, etc.) during the drill? If yes, please briefly describe any problems.

18. Did you encounter problems with any of the following?
(Omit# d, e, & f for Drop/Cover/Hold or Drop)
(Omit # f for or Lockdown)

	Yes	No	Briefly describe these problems:
a. Alert system	☐	☐	
b. Students	☐	☐	
c. Staff	☐	☐	
d. Parents	☐	☐	
e. Supplies	☐	☐	
f. Evacuation route	☐	☐	

19. Using a grading scale from A through F, please grade the following:
(Omit a, b, & c for Drop/Cover/Hold or Drop)
(Omit a for Campus Protection or Lockdown)

	A	B	C	D	F
a. Student behavior during evacuation procedure	☐	☐	☐	☐	☐
b. Student accounting	☐	☐	☐	☐	☐
c. Staff accounting	☐	☐	☐	☐	☐
d. Performance of alert system	☐	☐	☐	☐	☐
e. Performance of members of the school safety team	☐	☐	☐	☐	☐
f. Overall student performance	☐	☐	☐	☐	☐
g. Overall staff performance	☐	☐	☐	☐	☐

20. Did you debrief after the drill? (Y/N)   ☐ Yes   ☐ No

21. What were the three top lessons learned?

22. How can this drill be improved in the future?

BIOLOGICAL AND CHEMICAL RELEASE RESPONSE CHECKLIST

School _____   Location Code _____

Location of Release _____

Name _____   Position _____

Date _____

	Yes	No	Note
Have unexposed students, staff and others been evacuated from area of contamination?	☐	☐	
Have staff, students, or others who came in contact with the area of contamination been isolated and quarantined in a safe and separate location and cleaned their hands with soap and water?	☐	☐	
Have all students and staff been accounted for?	☐	☐	
Has the area of contamination been cordoned off and secured?	☐	☐	
Has the area of contamination been affixed with conspicuous signs reading: "DO NOT ENTER"?	☐	☐	
Have the doors and windows to the area of contamination been closed and locked?	☐	☐	
Have fans and ventilators serving the area of contamination been turned off?	☐	☐	
Comments			

SUPPLEMENTAL ATTENDANCE REPORT

NOTE: Used to account for anyone not found on student/staff rosters

School

Date

NAME	ID NUMBER	STATUS (CHECK ONE)	OTHER INFORMATION
		☐Student ☐School Staff ☐LAUSD Employee ☐Visitor ☐Other	
		☐Student ☐School Staff ☐LAUSD Employee ☐Visitor ☐Other	
		☐Student ☐School Staff ☐LAUSD Employee ☐Visitor ☐Other	
		☐Student ☐School Staff ☐LAUSD Employee ☐Visitor ☐Other	
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