



# Safety Operations Plan 2017 - 2018

**Carmichael**

California Montessori Project  
Carmichael Campus  
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## **Appendices**

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## Confidential Crime Assessment

The Site Safety Committee will insert behind this page, except in any physically distributed versions of this document, an assessment of current status of school crime at the school campus or school-related functions.

The Site Safety Committee will review the following reports and statistics to assess possible crime rates at the school campus:

- a. Local Law Enforcement Crime Data
- b. Attendance Rates
- c. Suspension/Expulsion Data
- d. Property Damage Data

### Strategies to Maintain a High Level of School Safety

The Site Safety Committee will identify appropriate strategies to maintain a high level of school safety and insert them here.

<b>Safe Physical Climate Goal:</b>				
<b>Objectives</b>	<b>Action Steps</b>	<b>Resources</b>	<b>Project Lead/s</b>	<b>Outcomes</b>
Safe Classrooms	Tall shelves attached to walls	Teachers to put in work orders to get shelves attached to wall	Mr. Blunt Teachers	Shelves can't be pulled over onto students, and in the event of an earthquake would be secure
	Doorways free of tripping hazards	Teachers to make sure doorways are clear	Teachers Students	Students and adults would be less likely to trip.

<b>Safe Social Climate Goal:</b>				
<b>Objectives</b>	<b>Action Steps</b>	<b>Resources</b>	<b>Project Lead/s</b>	<b>Outcomes</b>
Safe Hallways	Always walk in the hallway	Students and adults should always walk in halls	Students and adults on campus	Student could fall and be injured if running
	Halls should be clear of obstacles	Halls to be swept or blown to keep free of bark and mud	Mr. Blunt	
	Halls should be kept as dry as possible	Halls have old concrete and is smooth in areas and can become a slipping hazard if water pools in these areas.	Mr. Blunt	Someone could slip.

Safe Social Climate Goal:				
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Safe Restrooms	Floors to be kept dry	Students or adults should report spills, toilet overflows and leaks to office immediately.	Mr. Blunt or Office staff if needed.	Students or adults could slip on wet tile floors. Toilet overflow could also cause a health concern.

Safe Social Climate Goal:				
Objectives	Action Steps	Resources	Project Lead/s	Outcomes
Safe Playground	Students to use equipment appropriately at all times	Students are to follow playground rules and use equipment in a safe manner	TA's doing yard duty.	Students could be injured. TA's should enforce safety rules.
	Sports equipment should be kept out of hallways.	Keep halls clear of balls and not play with or kick balls in hall areas	Teachers and TA's	Students or adult could be injured or windows could get broken
	Students are to stay in designated areas.	Students have knowledge of playground boundaries and need to stay in them.	Students TA's and Teachers	Staff needs to have students in eye sight at all times

**Confidential**  
**Campus Specific Drop-Off and Pick-Up Procedures and/or Map**

**Cover Sheet Only**

The Site Safety Committee will insert Campus Specific drop-off and pick-up procedures and/or map behind this page, except in any publicly distributed versions of this document.

**Confidential**  
**Risk Assessment Template**

**1. Site Facility/Location**

- a. Location of School and Neighborhood
  
- b. Building Information

**2. Physical Environment**

Each Site will provide a brief description of their sites physical structure and campus appearance.

**3. Site Population**

- a. General Population
  
- b. Special Needs Population

**4. Internal Security Procedures**

Each site has established internal security procedures in the following areas: building intrusion, incident report procedures and school safety meetings. In addition, visitors must sign-in and display a visitor badge at all times while on site. Volunteers must be live-scanned.

Sites will provide more specific information here as well.

**5. Risk Assessment: Hazard Analysis**

In this section each site will conduct a risk assessment (using Appendices 2-1-2 thru 2-1-7) to identify and characterize the hazard, evaluate each hazard for severity and frequency, estimate the risk, determine the potential societal and economic effects and indirect effects, determine the acceptable level of risk, and identify risk reduction opportunities.

Each site will identify site based hazards, inside and out, hazards in their neighborhood and community, hazards imposed by humans as well as acts of God using the following table:



Risk Assessment - Hazard Analysis

Identify and characterize the hazard.	Evaluate each hazard for the severity and frequency.	Estimate the risk.	Determine the potential societal and economic effects and indirect effects.	Determine the acceptable level of risk.	Identify risk-reduction opportunities.
<ul style="list-style-type: none"> <li>What are the characteristics of the hazard? (High velocity winds, ground shaking, etc.)</li> <li>What causes the event?</li> <li>How does it trigger or relate to other hazards?</li> </ul>	<ul style="list-style-type: none"> <li>What is the probability of the hazard/event happening annually, every 10 years or once a century?</li> <li>What factors enhance or deter the probabilities?</li> <li>What measurements or scales can be applied to determine severity?</li> <li>Could other factors influence severity and frequency? (Weather conditions, etc.)</li> </ul> <p>Highly Likely Likely Possible Unlikely</p>	<ul style="list-style-type: none"> <li>Identify and quantify what will be affected by the event/hazard. This step imposes the human and built environment that could be affected, damaged, and/or disrupted.</li> <li>Include in the analysis the general building stock, inventories of lifelines and essentials. Population and developmental concentration need to also be included.</li> </ul> <p>High Medium Low</p>	<ul style="list-style-type: none"> <li>Consider direct economic loss. (Costs of repair, damaged structures, lifeline, etc.)</li> <li>Consider indirect losses as well. (Replenishing supplies, or relocation, etc.)</li> </ul> <p>Catastrophic Critical Limited Negligible</p>	<p>Use steps 1 – 4 to establish acceptable loss of risk.</p> <ul style="list-style-type: none"> <li>What level of damage or impact will be tolerated?</li> <li>Consider societal effects.</li> <li>Assess public perception. (Political consequences of taking or not taking action to address the risks.)</li> </ul> <p>High Medium Low</p>	<ul style="list-style-type: none"> <li>What cost effective actions will reduce or mitigate unacceptable risks? <ul style="list-style-type: none"> <li>Identify and implement outcome.</li> </ul> </li> </ul>

**CONFIDENTIAL**  
**Site Map of the Building**

**Cover Sheet Only**

Each CMP site will insert behind this page, except in any publicly distributed versions of this document a map of the building annotated with afterhours number/s (i.e.: landlords or districts), site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs. All staff members are required to know these locations as well as how to operate the utility shutoffs. If you lease your property your landlords will need to be contacted for this.

**CONFIDENTIAL**  
**Vicinity Map**

**Cover Sheet Only**

Each CMP site will need to include a Vicinity Map behind this page, except in any publically distributed versions of this document.

This will be a Google Image of your site and surrounding area including your offsite assembly area.

**CONFIDENTIAL**

## **Site Incident Command System Cover Sheet**

### **Cover Sheet Only**

Each Site will insert, behind this page, their Incident Command System except in any publically distributed versions of this document.

Public Information Officer  
Actions and Communications Log

Page: \_\_\_\_\_

Person filling out form:

Date:

Emergency:

**Scribe**  
**Planning and Intelligence Team**  
**Actions and Communications Log**

Page: \_\_\_\_\_

Person filling out form: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency:**

**Log of Emergency Developments and Response Actions**

- Record the actions taken during an emergency
- Monitor incident tracking, task completion and follow-up
- Provide for information exchange between departments/agencies
- Provide a chronology of activities
- Provide legal documentation of the situation and actions taken by the site.
- Provide a means for appropriate tracking of financial commitments and expenditures (Appendix 2-12).
- Provide information which may assist in reconciling issues such as staff schedules, injuries, etc.
- Assist in improving the SERP through recommendations and revisions.

### Status Board Example

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_

**MANAGEMENT**

- ICS: \_\_\_\_\_
- PIO: \_\_\_\_\_
- Safety Officer: \_\_\_\_\_
- Agency Liaison: \_\_\_\_\_

Incident Type \_\_\_\_\_  
 Level of Emergency \_\_\_\_\_  
 Public Statement needed/  
 given \_\_\_\_\_  
 Medical Needs \_\_\_\_\_  
 Injuries \_\_\_\_\_  
 Deaths \_\_\_\_\_

**PLANNING & INTELLIGENCE**

Officer: \_\_\_\_\_  
 Scribe: \_\_\_\_\_  
 Communications Officer: \_\_\_\_\_

**OPERATIONS**

Officer: \_\_\_\_\_

**Assembly Team**

- Leader: \_\_\_\_\_
- Notes: \_\_\_\_\_

**First Aid Medical Team**

- Location: \_\_\_\_\_
- Leader: \_\_\_\_\_
- Medical Needs: \_\_\_\_\_
- Injuries: \_\_\_\_\_
- Deaths: \_\_\_\_\_

**Search and Rescue**

- Leader: \_\_\_\_\_
- Location of injured \_\_\_\_\_
- Number of injured \_\_\_\_\_
- Condition of injured \_\_\_\_\_
- Gas Leaks/Fires/  
Structural Damage \_\_\_\_\_

**Fire Suppression/Hazmat**

- Leader: \_\_\_\_\_
- Damage Assessment  
Report Forms \_\_\_\_\_
- Fires: locations/  
extinguished \_\_\_\_\_
- Gas Leaks: locations/  
valve shut off \_\_\_\_\_
- Structural damage  
report \_\_\_\_\_

**Psychological First Aid**

- Leader: \_\_\_\_\_
- Psychological needs \_\_\_\_\_

**Request Gate**

- Leader: \_\_\_\_\_
- Needs \_\_\_\_\_

**Reunion Gate**

- Leader: \_\_\_\_\_
- Support Needed \_\_\_\_\_
- Problems \_\_\_\_\_
- Status \_\_\_\_\_

**LOGISTICS**

Officer: \_\_\_\_\_

**Supplies & Equipment**

- Leader: \_\_\_\_\_
- Food and Water Status \_\_\_\_\_
- Sanitary Supplies \_\_\_\_\_
- Port-a-potties \_\_\_\_\_
- Special Needs \_\_\_\_\_
- Medicine \_\_\_\_\_

**Security/ Utilities**

- Leader: \_\_\_\_\_
- Air system shut down \_\_\_\_\_
- Gas shut off \_\_\_\_\_
- Power shut off \_\_\_\_\_
- Water main status \_\_\_\_\_
- External gates locked \_\_\_\_\_

**FINANCE & ADMIN**

Officer: \_\_\_\_\_

Note: be sure to note time and locations and who reported to you.

CAR: Appendix 2-2-5  
 Plan 2: Section 2: Incident Command System  
 First Aid Medical Team: Injury and Missing Persons Report Form

## Injury and Missing Persons Report Form

School \_\_\_\_\_

Room Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Date \_\_\_\_\_

INJURED		
Name	Type of Injury	Location

MISSING PERSONS				
Name	Last Seen Location	Found	Time	Location

Deceased			
Name	Location Found	Time	Reported



**Injury Record Form**

School \_\_\_\_\_ Room Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

**Name of Injured Person:**

<b>Type of Injury:</b>		
<b>Actions Taken:</b>		
<b>Action Taken:</b>	<b>By Whom:</b>	<b>Time:</b>

Notes:

CAR: Appendix 2-2-7  
 Plan 2: Section 2: Incident Command System  
 Fire Suppression/Hazmat: Damage Assessment Report Form

### Damage Assessment Report Form

NOTE: Do not enter building unless the structural evaluation has been completed and the building is designated as safe to enter.

School/Site Name: \_\_\_\_\_

Location/Building Code: \_\_\_\_\_

District: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Time: \_\_\_:\_\_\_ a.m. / p.m.

Damage Category	No Damage	Slight Damage	Severe Damage	Hazardous Condition	Location / Room # / Note
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Gas Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heater/Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hazardous Materials</b>					
Custodial chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Chemical Type/Quantity spilled or leaking:</u>
Lab chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Chemical Type/Quantity spilled or leaking:</u>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Physical Hazards</b>					
Sink Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged Bldg. Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAR: Appendix 2-2-7  
Plan 2: Section 2: Incident Command System  
Fire Suppression/Hazmat: Damage Assessment Report Form

Notes: (description of trouble, location, severity or hazardous materials):

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**Findings**

- Building or room safe for re-occupancy  Yes  No
- Building or room closed due to hazardous condition  Yes  No
- The following corrective measures need to be completed prior to re-occupancy:

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[Note: Send a copy of this form to Central Administration Office and maintain the original in the emergency document file.]

### Student Release Log

School \_\_\_\_\_

Date \_\_\_\_\_

Page \_\_\_\_\_

Student's Name	Release Time	Name of Person Released to	Signature

### Recommended Classroom Emergency Supplies

School Site: \_\_\_\_\_ Classroom: \_\_\_\_\_

Item	Recommended Quantity	Quantity at Hand
Backpack	1	
Flashlight	1	
Batteries	2	
Pair of scissors	1	
First Aid instruction summary sheet	1	
Pad of paper (for name tags, etc.)	1	
Pen	1	
Pencil	1	
Light stick	1	
Whistle	1	
Sewing kit	1	
Package of safety pins	1 package	
Solar blanket	1	
Package of 10 gums	1 package	
Package of 10 life savers	1 package	
Package of plastic trash bags	6 packages	
Package of small paper bags	2 packages	
Package of paper cups	2 packages	
Package of pre-moistened towelettes	1 package	
Bottle of hydrogen peroxide	1	
Small package of Tylenol	2 packages	
Package of Tums	1 package	
Ammonia inhalants	4	
Ziploc sandwich bags	2	
Box of Telfa pads	1	
Pair of tweezers	1	
Box of Band-Aids	1	
Cold packs	2	
2" roller bandage	1	
3" roller bandage	1	
Box of triangular bandages	1	
Roll of adhesive tape	1	
Pair of disposable gloves	10	
Container of waterproof matches	1	
Box of toilet tissue	1	
Box of sanitary napkins	1	
Bottle of saline solution	1	

*Location: Place these supplies next to primary evacuation doorway in each classroom*

### Recommended School Emergency Supplies

*[Suggested quantities are for 100 people for a period of 72 hours.  
 Packaged food recommended i.e. power bars and nut free alternatives.]*

Type	Item	Recommended Quantity	Quantity at Hand
Food			
Packaged food is recommended i.e. power bars and nut free alternatives. Classroom safety kits include a majority of what you will need. In addition to the kits see below:			
	Raisins – boxed and dated	20 lbs.	
	Large canned beans – dated	20 cans	
	Large mixed fruit or fruit – dated	60 cans	
	Large peanut butter	20 tubs	
	Crackers	2 cases	
	Canned fruit juice	2 cases	
	Sugar cubes	4 boxes	
	Can opener	several	
<b>Rescue Team Member</b>			
	Back Pack	1	
	Gloves	1	
	Helmet	1	
	Orange Vest	1	
	Goggles	1	
	Boots	1	
	Heavy Clothing	1	
	Flashlight	1	
	Extra Batteries	1	
	Personal First Aid Kit	1	
	Water and Paper Cups	1	
	Whistle	1	
	Marker Pens	1	
	Fire Extinguisher 3-A:40-B:C	1	
	Pry Bars 36 and 66 Inches Long	1	
	Axes	1	
	Sledge Hammer 5-8 lb.	1	
	Pocket Knife	1	
	Duct Tape	1	
	Utility Shutoff Tools	1	
	Note Pad and Pen	1	
	Cyalume Sticks	1	
	Walkie-Talkie	1	

CAR: Appendix 2-2-10  
 Plan 2: Section 2: Incident Command System  
 Supply/Equipment Team: Recommended School Emergency Supplies

Type	Item	Recommended Quantity	Quantity at Hand
First Aid			
	First Aid Manual (Red Cross, up-to-date)	1	
	Alcohol	4 bottles	
	Alcohol prep (100 count)	4 boxes	
	Aluminum foil - 18 inches wide	4 rolls	
	Antibiotic solution (betadyne)	4 bottles	
	Aromatic spirits of ammonia (10 count)	4 boxes	
	Band-Aids - assorted sizes	8 boxes	
	Bandages: ACE wrap, Kerlix, Kling or other conforming bandage of several widths (2, 3, 4, 6 inch)	4 boxes each	
	Bandage scissors - blunt nose type	9 pairs	
	Bandage, triangular - 36 x 40 x 55 inch	30	
	Basin, emesis - disposable	10	
	Blankets - space or disposable	150	
	Blood pressure cuff with manometer	6	
	Burn sheets - sterile, disposable	4 packages	
	Cervical collar - small, medium & large	4 each	
	Cotton balls - unsterile	4 large packages	
	Disinfectant - hand washing	4 gallons	
	Dressings - 2x2's, 3x3's & 4x4's sterile	4 boxes each	
	Dressings - 5x9's & 8x10's sterile	4 boxes each	
	Dressings - eye pad, oval sterile	15 boxes	
	Dressings - Vaseline gauze 3x36 inch sterile	4 boxes	
	Ipecac	4 bottles	
	Kleenex	10 boxes	
	Marking pens - for all surfaces	6	
	Needles - for removing splinters & glass	4 packages	
	Note pads	20	
	Pack - cold Temp-Aid	1 case	
	Paper cups	4 boxes	
	Pack - hot Temp-aid	1 case	
	Paper bags	4 boxes	
	Paper towels	4 cases	
	Pencils or ball point pens	4 packages	
	Petroleum jelly	4 large jars	
	Pitcher or jar with cover - can be used as a measuring device	4 one quart size	
	Q-tip swabs	6 packages	
	Safety pins - assorted sizes	6 packages	
	Saline	4 boxes	

CAR: Appendix 2-2-10  
 Plan 2: Section 2: Incident Command System  
 Supply/Equipment Team: Recommended School Emergency Supplies

Type	Item	Recommended Quantity	Quantity at Hand
	1 tsp. per quart sterile water = normal saline		
	Sanitary napkins – can be used for heavy bleeding wounds	2 cases	
	Spine board – long and short	2 each	
	Splints – inflatable, boards, magazines or other	Several sets	
	Standard surgical gloves – medium and large	4 boxes	
	Table	4	
	Thermometer – oral – Tempa-dot, disposable	4 boxes each	
	Toilet tissue	4 cases	
	Tongue depressors	4 packages	
	Towelettes – moist	15 boxes	
	Treatment log	1	
	Triage tags (from Office of Emergency Services)	150	
	Tweezers – large	9 pairs	
	Tylenol (15 grains)	6 bottles	
	Water purification tablets or	4 bottles	
	Household bleach (6 drops in 1 gallon of water)	2 gallons	
<b>Other</b>			
	Blankets	100	
	Large battery operated radio with batteries	1	
	Heavy duty flashlights with batteries & bulbs	4	
	Whistles (for communicating w/ stakeholders)	4	
	Clipboards	4	
	Ink pens	6	
	Medium garbage bags (40 count)	4 packages	
	Large 3-ply garbage bags (20 count)	4 packages	
	Plastic buckets – 5 gallon	6	
	Pads of paper	4	
	Scotch tape	4 rolls	
	Bed sheet strips (use as optional bandages)	4	
	Plastic cups (100 count)	6 packages	
	Paper plates (100 count)	6 packages	
	Plastic spoons, knives and forks (100 count)	6 packages	
	Can openers – manual	5	
<b>Other – Site Specific Needs</b>			



Financial / Administration Officer  
Emergency Developments & Response Actions Log

Page # \_\_\_\_\_

Person filling out form: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency: \_\_\_\_\_



### Biological and Chemical Release Response Checklist

School \_\_\_\_\_

Date \_\_\_\_\_

	Yes	No	Note
Have students and staff been evacuated from area of contamination?	_____	_____	_____
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?	_____	_____	_____
Has staff, students, or other personnel who came in contact with the area of contamination cleaned their hands with soap and water?	_____	_____	_____

Other:

Completed by \_\_\_\_\_

Date \_\_\_\_\_

### Bomb Threat Report

School \_\_\_\_\_

Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Call Received by \_\_\_\_\_

Location \_\_\_\_\_ (Phone Number) \_\_\_\_\_

The person answering the threat call should ask the following questions and record the answers below

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? \_\_\_\_\_

What can we do for you to avoid the bomb from exploding? \_\_\_\_\_

How can you be contacted? \_\_\_\_\_

Record the exact language of the threat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Voice on the Phone: Man ( ) Woman ( ) Child ( ) Age \_\_\_\_\_  
Intoxicated ( ) Accent ( ) Speech Impediment ( )  
Other ( ) \_\_\_\_\_

Background Noise: Music ( ) Talking ( ) Children ( ) Machines ( )  
Airplane ( ) Typing ( ) Traffic ( )  
Other ( ) \_\_\_\_\_

Completed by \_\_\_\_\_

Date \_\_\_\_\_

[Note: Send a copy of this form to Local Sheriff and maintain the original in the emergency document file]

### Food or Water Contamination Report Form

School \_\_\_\_\_ Date \_\_\_\_\_

Name of person filling out this form \_\_\_\_\_

Name	Symptoms	Food or Water suspected to be contaminated	Quantity Consumed	Other Information

## Emergency Drill Record

School \_\_\_\_\_

Type of Drill	Date of Drill	Time		Remarks	Recorded by	Population
		Start	End			
Fire Drill						

**CONFIDENTIAL**  
**School Personnel Emergency Contact Numbers**

**Cover Sheet Only**

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

### School Personnel Emergency Contact Numbers Template

Name	Home	Cell	Emergency Contact	Emergency Contact Number



**CONFIDENTIAL**  
**External Emergency Phone Numbers**

**Cover Sheet Only**

Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

<b>School Name</b>	California Montessori Project-Carmichael Campus		
<b>School Address</b>	5325 Engle Road, Suite 200, Carmichael, CA 95608		
<b>School Phone</b>	916-971-2430	<b>Location Code</b>	
<b>District</b>			
	<b>Name</b>	<b>Phone Numbers</b>	
<b>Principal</b>			
<b>Dean of Students</b>			
<b>Administrative Assistants</b>			
<b>Security/Maintenance</b>			
<b>CMP Executive Director</b>			
<b>Office of School Operations</b>			
<b>Public Information Officer</b>			

Emergency Numbers		
Emergency (Sheriff, Fire & Medical Emergencies)	911	
Emergency for cell phone users	916-874-5111	
Sacramento Police Department	911 or 916-732-0100	
California Poison Control System	800-222-1222	<a href="http://www.calpoison.org">www.calpoison.org</a>

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 Plan 2: Section 5: Communication Plan  
 2.5.5: Contact Information: Emergency Phone Numbers Coversheet

Non-Emergency Numbers		
Sheriff: Sacramento County	916-874-5115	
Sheriff: Yolo County	530-666-8282	
California Highway Patrol	916-861-1300	800-835-5247
Sac Metro Fire Department	916-859-4300	
City of Sacramento Fire Dept.	916-808-1300	
	<b>Fire</b>	<b>Police</b>
Elk Grove	916-405-7100 (Cosumnes CSD)	916-714-5115
Rancho Cordova	916-859-4300 (Sac Metro)	916-362-5115 (Sheriff)
Sacramento	916-808-1300	916-264-5471
West Sacramento	916-617-4600	916-372-3375
Citrus Heights		Emergency: 916-726-3015 Non-Emergency: 916-726-2499 916-727-5500

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 Plan 2: Section 5: Communication Plan  
 2.5.5: Contact Information: Emergency Phone Numbers Coversheet

City/County Information		
<b>City of Sacramento</b>		
Animal Control – Front Street	916-808-7387	<a href="http://www.saccountyshelter.net">www.saccountyshelter.net</a>
Animal Control – Florin-Perkins Rd	916-383-7387	<a href="http://www.cityofsacramento.org">www.cityofsacramento.org</a>
Animal Control – Citrus Heights	916-727-4708	
Storm Drains – Sac County	916-875-7246	
Storm Drains – Sac County After Hours	916-875-5000	
Automobiles: Abandoned Vehicle Complaints	311 or	916-264-5011
Fire Department	916-228-3000	
Fire – Fire Response Requested	916-228-3035	
Office of Emergency Services	916-808-1300	
Community Emergency Response Team	916-808-1363	
Police – Police Response Requested	916-264-5471	
Police Departments – North Area	916-808-6402	
Police Departments – South Area	916-808-6001	
Utilities Department Emergencies (Evening, Weekends, & Holidays)	311	or 916-264-5011
Flood Control or Flooding	311	or 916-264-5011
Leaks or broken pipes	311	or 916-264-5011
Sewers	311	or 916-264-5011
Storm Drains	311	or 916-264-5011
Water	311	or 916-264-5011
<b>City of West Sacramento</b>		
Police: Non-Emergency Dispatch	916-372-3375	
Public Works Department: Road, Sewer & Water Emergency	916-617-4850	916-372-3375
Public Works Department: Water Quality Concerns	916-617-4860	
<b>Sacramento County</b>		
Animal Control – Front Street	916-808-7387	<a href="http://www.saccountyshelter.net">www.saccountyshelter.net</a>
Animal Care & Regulation	311	916-368-7387
Stray, loose, dead or nuisance animals	916-875-4311	
Child Protective Services 24 Hour line	916-875-5437	
Emergency Services Sacramento Office of Disaster: Planning and Coordination	916-874-4670	
Environmental Management Department: Hazardous Materials General Info	916-875-8550	916-875-5000 (Emergency #)
Fire Department: Sac Metro (24 hour non emergency)	916-228-3035	
Flooding	916-875-7246	
Health & Human Services:	916-875-6091	
Child Protective Services 24 Hour Line	916-875-5437	
Sacramento Area Flood Control Agency	916-874-7606	
Sacramento Area Sewer District 24 Hour line	916-875-6730	

CAR: Appendix 2-5-2  
Plan 2: Section 5: Communication Plan  
2.5.5: Contact Information: Emergency Phone Numbers Coversheet

Utilities / Other		
Air Quality Management District	916-874-4800	<a href="http://www.airquality.org/">http://www.airquality.org/</a>
Pacific Gas and Electric		
24 Hour Emergency Service	800-743-5000	
24 Hour Information on Electric Outages	800-743-5002	
Road Conditions (Cal Trans)	800-427-7623	
Sacramento Suburban Water District	916-972-7171	
SMUD (Sacramento Municipal Utility District) No Power – Service Problems – 24 Hours	888-456-7683	

Hospitals / Medical Facilities		
Facility	Address	Telephone Number
Kaiser Roseville	1600 Eureka Road Roseville, CA 95661	General Info: 916-784-4000
Kaiser Sacramento	2025 Morse Ave Sacramento, CA 95825	General Info: 916-973-5000
Kaiser South Sacramento	6600 Bruceville Road Sacramento, CA 95823	General Info: 916-688-2000
Med 7 Urgent Care	4156 Manzanita Ave, Carmichael, CA 95608	General Info: 916-426-4962
Mercy General Hospital	4001 J Street Sacramento, CA 95819	General Info: 916-453-4545 Emergency: 916-453-4424
Mercy Hospital of Folsom	1650 Creekside Drive Folsom, CA 95630	General Info: 916-983-7400 Emergency: 916-983-7470
Mercy San Juan	6501 Coyle Avenue Carmichael, CA 95608	General Info: 916-537-5000 Emergency: 916-537-5120
Methodist Hospital of Sacramento	7500 Hospital Drive Elk Grove, CA 95823	General Info: 916-689-9000
Sutter General Hospital	2820 L Street Sacramento, CA 95816	General Info: 916-454-2222 Emergency: 916-733-3003
Sutter Memorial Hospital	52 <sup>nd</sup> and F Street Sacramento, CA 95819	General Info: 916-454-3333 Emergency: 916-733-1000
Sutter Roseville Medical Center (Level 2 Trauma Center)	1 Medical Plaza Drive Roseville, CA 95661	General Info: 916-781-1000 Emergency: 916-781-1533 Other: 916-781-4042
Sutter Health 24 Hour Crisis Response Line		800-801-3077
UC Davis Medical Center	2315 Stockton Blvd. Sacramento, CA 95817	General Info: 916-734-2011

**Staff Training Log**

Campus \_\_\_\_\_

Type of Training \_\_\_\_\_ Presenter \_\_\_\_\_

Attendee's Name	Date	Time		Attendee's Signature
		In	Out	

## Incident Summary Report

Page # \_\_\_\_\_

The following items should be included in an Incident Summary Report and submitted to the CMP Safety Coordinator within 7 days of the incident.

- Compile a brief description of facts caused by the emergency.
- Provide an explanation of the site's approach to addressing the emergency.
- Create a timeline of when events occurred, individuals/agencies were informed, aid was provided, and information was delivered to stakeholders.
- Assess the extent of the damage caused by the emergency and compose a statement about the site's profile after the emergency.
- Include minutes and notes taken from any meetings that were held in relation to the incident.
- Include a copy of all documentation recorded on the incident.

Person filling out form:

Date:

Emergency:

Team:

Names: