



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>6-15-23</u>	
District: <u>15th</u>	# Students: <u>-0-</u>	# Staff: <u>150</u>
Person Completing Form and Title: <u>CARL Pharo</u> <u>BADG SUPERVISOR</u>	# Visitors: <u>-0-</u>	TOTAL PARTICIPANTS <u>150</u>

Time Drill Began: <u>11:30 AM</u>	Time Drill Concluded: <u>11:33 AM</u>	Time to Evacuate: (fire/evacuation drills only) <u>1 MIN</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CARL Pharo</u>	<u>JACK MCCALLUM</u>

LIST THE OBJECTIVES for the DRILL BELOW
<u>TO EVACUATE BLDG IN A QUICK AND SAFE</u>
<u>MANNER</u>



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)

- ☐ Congestion in hallways
- ☐ Alarm not heard
- ☐ Students unsure of what to do / proper
- ☐ Staff unsure of responsibilities / response
- ☐ Weather-related problems
- ☐ Unable to lock doors
- ☐ Windows not covered
- ☐ Windows left open
- ☐ Doors left open
- ☐ Lights left on
- ☐ Students not accounted for / attendance
- ☐ Difficulties with evacuation of disabled students or staff
- ☐ Unable to access school mapping system
- ☐ Students unaccounted for (note # below)

Attach Separate Sheet Documenting Specific Issues

- ☐ Radio communication problems
- ☐ Network / computer problems
- ☐ Noise impedes communications
- ☐ Students not out of sight (lockdown drill)
- ☐ Long time to evacuate building
- ☐ Students not serious about drill
- ☐ Frightened students (lockdown drill)
- ☐ Improper or unavailable supplies (SiP)
- ☐ Confusion
- ☐ Doors or Exits blocked
- ☐ Transportation
- ☐ Interagency miscommunications
- ☐ Incident command problems
- ☐ Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARL Pardo

Printed Name

BUILDING SUPERVISOR

Title

Signature

Date

6-15-23



Emergency Drill Reporting Form

School:	A+S	Date:	5-23-23		
District:	15 Th.	# Students:	970	# Staff:	150
Person Completing Form and Title:	CARL Pharo / FACILITIES MGR.	# Visitors:	0	TOTAL PARTICIPANTS	1120

Time Drill Began:	9:31 ⁵⁶	Time Drill Concluded:	9:35	Time to Evacuate: (fire/evacuation drills only)	3 MIN 49 SEC
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TONY EARLY	BELEINDA WILSON

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE EVERYONE FROM BUILDING.
IN A SAFE AND FAST MANNER.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

ENGINE # 70 PARTICIPATED IN FIRE DRILL.
PHILA FIRE DEPT:

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

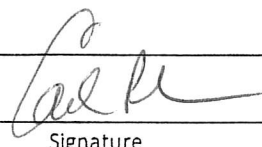
☐ OTHER (list)

Form Completed by
CARL PHARO

Printed Name

FACILITIES MGR.

Title



Signature

5-23-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>4-20-23</u>	
District: <u>15TH</u>	# Students: <u>1000</u>	# Staff: <u>175</u>
Person Completing Form and Title: <u>CARE Phed BLDG MANAGER</u>	# Visitors: <u>4</u>	TOTAL PARTICIPANTS <u>1179</u>

Time Drill Began: <u>2:30 PM</u>	Time Drill Concluded: <u>2:33 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>3 MIN</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>BECINDA WILSON</u>

LIST THE OBJECTIVES for the DRILL BELOW
<u>TO EVACUATE BLDG IN A SAFE AND QUICK MANNER.</u>



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)

- ☐ Congestion in hallways
- ☐ Alarm not heard
- ☐ Students unsure of what to do / proper
- ☐ Staff unsure of responsibilities / response
- ☐ Weather-related problems
- ☐ Unable to lock doors
- ☐ Windows not covered
- ☐ Windows left open
- ☐ Doors left open
- ☐ Lights left on
- ☐ Students not accounted for / attendance
- ☐ Difficulties with evacuation of disabled students or staff
- ☐ Unable to access school mapping system
- ☐ Students unaccounted for (note # below)

Attach Separate Sheet Documenting Specific Issues

- ☒ Radio communication problems
- ☐ Network / computer problems
- ☐ Noise impedes communications
- ☐ Students not out of sight (lockdown drill)
- ☐ Long time to evacuate building
- ☐ Students not serious about drill
- ☐ Frightened students (lockdown drill)
- ☐ Improper or unavailable supplies (SiP)
- ☐ Confusion
- ☐ Doors or Exits blocked
- ☐ Transportation
- ☐ Interagency miscommunications
- ☐ Incident command problems
- ☐ Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

A CHILD WAS PLACED IN A ROOM TO SEE IF NOTICED DURING EVACUATION. WE WERE SUCCESSFUL AT REMOVING + FINDING CHLD.

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARL PHARO

Printed Name

BLDG MGR.

Title

Carl Pharo

Signature

4-20-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>3-21-23</u>	
District: <u>15th</u>	# Students: <u>991</u>	# Staff: <u>175</u>
Person Completing Form and Title: <u>CARL PHARO / FACIL. SUPERVISOR</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>1166</u>

Time Drill Began: <u>10:07 AM</u>	Time Drill Concluded: <u>10:12 AM</u>	Time to Evacuate: (fire/evacuation drills only)
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input checked="" type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>JUDY TAGGERT</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO SAFELY EVACUATE CLASSROOM AND MAINTAIN SAFE DISTANCE FROM WINDOWS + DOORS.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)

- ☐ Congestion in hallways
- ☐ Alarm not heard
- ☐ Students unsure of what to do / proper
- ☐ Staff unsure of responsibilities / response
- ☐ Weather-related problems
- ☐ Unable to lock doors
- ☐ Windows not covered
- ☐ Windows left open
- ☒ Doors left open
- ☐ Lights left on
- ☐ Students not accounted for / attendance
- ☐ Difficulties with evacuation of disabled students or staff
- ☐ Unable to access school mapping system
- ☐ Students unaccounted for (note # below)

Attach Separate Sheet Documenting Specific Issues

- ☐ Radio communication problems
- ☐ Network / computer problems
- ☐ Noise impedes communications
- ☐ Students not out of sight (lockdown drill)
- ☐ Long time to evacuate building
- ☐ Students not serious about drill
- ☐ Frightened students (lockdown drill)
- ☐ Improper or unavailable supplies (SiP)
- ☐ Confusion
- ☐ Doors or Exits blocked
- ☐ Transportation
- ☐ Interagency miscommunications
- ☐ Incident command problems
- ☐ Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARL PHARO

Printed Name

FACILITIES SUPERVISOR

Title

Signature

Carl Pharo

Date

3-21-23



Emergency Drill Reporting Form

School: <u>ARTS + SCIENCE</u>	Date: <u>3-22-23</u>	
District: <u>15TH</u>	# Students: <u>991</u>	# Staff: <u>175</u>
Person Completing Form and Title: <u>CARL PHARO - FACIL. SUPERVISOR</u>	# Visitors: <u>4</u>	TOTAL PARTICIPANTS <u>1170</u>

Time Drill Began: <u>2:02 PM</u>	Time Drill Concluded: <u>2:05 PM</u>	Time to Evacuate: <u>m sec</u> (fire/evacuation drills only) <u>3:37</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>BELINDA WILSON</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE BUILDING IN A SAFE AND QUICK WAY.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)

- ☒ Congestion in hallways
- ☐ Alarm not heard
- ☐ Students unsure of what to do / proper
- ☐ Staff unsure of responsibilities / response
- ☐ Weather-related problems
- ☐ Unable to lock doors
- ☐ Windows not covered
- ☐ Windows left open
- ☐ Doors left open
- ☐ Lights left on
- ☐ Students not accounted for / attendance
- ☐ Difficulties with evacuation of disabled students or staff
- ☐ Unable to access school mapping system
- ☐ Students unaccounted for (note # below)

Attach Separate Sheet Documenting Specific Issues

- ☐ Radio communication problems
- ☐ Network / computer problems
- ☐ Noise impedes communications
- ☐ Students not out of sight (lockdown drill)
- ☐ Long time to evacuate building
- ☐ Students not serious about drill
- ☐ Frightened students (lockdown drill)
- ☐ Improper or unavailable supplies (SiP)
- ☐ Confusion
- ☐ Doors or Exits blocked
- ☐ Transportation
- ☐ Interagency miscommunications
- ☐ Incident command problems
- ☐ Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

NEED QUICKER MOVEMENT IN STAIRWAYS

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARL PIRRO

Printed Name

BLDG. SUPERVISOR

Title

Carl Pirro

Signature

3-22-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>2-10-23</u>	
District: <u>15 Th</u>	# Students: <u>1000</u>	# Staff: <u>125</u>
Person Completing Form and Title: <u>CARL PHOTO / BLDG SUPERVISOR</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>1125</u>

Time Drill Began: <u>1:56 PM</u>	Time Drill Concluded: <u>1:59 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>3 MIN + 27 SEC</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>JUDY TACERT</u>

LIST THE OBJECTIVES for the DRILL BELOW
<u>TO EVACUATE THE BUILDING IN A</u>
<u>SAFE AND QUICK MANNER.</u>



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input checked="" type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SIP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated: MORE TRAINING ON GETTING DISABLED PERSONS OUT OF BLDG.	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)

Form Completed by

CARL Pharo BLDG SUPERVISOR

Printed Name

Title

Carl Pharo

Signature

2-10-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>1-31-23</u>	
District: <u>15th</u>	# Students: <u>500</u>	# Staff: <u>100</u>
Person Completing Form and Title: <u>Carl Pharo / BLDG SUPERVISOR</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>600</u>

Time Drill Began: <u>7:26 AM</u>	Time Drill Concluded:	Time to Evacuate: (fire/evacuation drills only)
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature <u>41°</u> F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>JUDY TAGGERT</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE THE BUILDING IN A SAFE AND QUICK MANNER.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SIP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input checked="" type="checkbox"/> Other: <u>NONE</u>

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:
<p>ALARM SYSTEM WAS ACTIVATED DUE TO A POSSIBLE FAULTY SMOKE SENSOR:</p>

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<ul style="list-style-type: none"><input type="checkbox"/> OTHER (list)

Form Completed by

CARL KATO

Printed Name

BUDG SUPERVISOR

Title

Carl Kato

Signature

1-31-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>1-19-23</u>	
District: <u>15 Th</u>	# Students: <u>0</u>	# Staff: <u>2</u>
Person Completing Form and Title: <u>CARL Pharo BLDG SUPERVISOR</u>	# Visitors: <u>20</u>	TOTAL PARTICIPANTS <u>22</u>

Time Drill Began: <u>5:09 PM</u>	Time Drill Concluded: <u>5:10 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>1 MIN</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SiP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input type="checkbox"/> Students <input type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input checked="" type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>JUDY TAGGERT</u>	<u>CARL Pharo</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE The BUILDING IN A QUICK AND SAFE MANNER.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input checked="" type="checkbox"/> Other: <u>NONE</u>

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

ALARM TRIGGERED BY STEAM FROM KITCHEN OVEN.

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARE PHOTO

Printed Name

BLDG SUPERVISOR

Title

Care Photo

Signature

1-19-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>1-10-23</u>	
District: <u>15TH</u>	# Students:	# Staff:
Person Completing Form and Title: <u>CARL Pizarro</u>	# Visitors:	TOTAL PARTICIPANTS

Time Drill Began: <u>10:35 AM</u>	Time Drill Concluded: <u>10:45 AM</u>	Time to Evacuate: (fire/evacuation drills only) <u>—</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input checked="" type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIFF HARRIS</u>	<u>CARL Pizarro / TONY EARLY</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO SECURE PERIMETER OF BUILDING AND
MAINTAIN A SECURE INNER BUILDING



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input checked="" type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

SHOOTING LESS THAN A HALF MILE FROM SCHOOL PERIMETER.

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CRC RERO

Printed Name

FACILITIES SUPERVISOR

Title

[Signature]

Signature

1-10-23

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>1-5-23</u>	
District: <u>15th</u>	# Students: <u>1000</u>	# Staff: <u>190</u>
Person Completing Form and Title: <u>Carl Pharo / BUILDING SUPERV.</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>1190</u>

Time Drill Began: <u>2:16 PM</u>	Time Drill Concluded: <u>2:19 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>3:00 MIN.</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>BELINDA WILSON</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE The BUILDING IN A SAFE AND QUICK TIME.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated:	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)

Form Completed by

CARL PHARO

Printed Name

FACILITY SUPERVISOR

Title

Signature

Date

1-5-23



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>12-15-22</u>	
District: <u>15TH</u>	# Students: <u>300</u>	# Staff: <u>100</u>
Person Completing Form and Title: <u>CARL Pharo / BLDG SUPERVISOR</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>400</u>

Time Drill Began: <u>7:31 AM</u>	Time Drill Concluded: <u>7:32 AM</u>	Time to Evacuate: (fire/evacuation drills only) <u>• 45 Sec.</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>CARL PHARO</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE THE BUILDING IN A QUICK AND SAFE MANNER.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input checked="" type="checkbox"/> Other: <u>NONE</u>

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

ALARM happened DURING ARRIVAL TIME, BUILDING WAS EVACUATED IN A FAST AND SAFE MANNER. FIRE DEPT. GAVE ALL CLEAR.

Mitigation / Plans for Improvement: (check all that apply and explain below)

<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)
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Form Completed by

CARL PHEO
Printed Name

BLDG SUPERVISOR
Title

Carl Pheo
Signature

12-15-22
Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>11-28-22</u>	
District: <u>15th</u>	# Students: <u>1000</u>	# Staff: <u>125</u>
Person Completing Form and Title:	# Visitors: <u>3</u>	TOTAL PARTICIPANTS <u>1128</u>

Time Drill Began: <u>2:11 PM</u>	Time Drill Concluded: <u>2:13</u> ^{36 SEC}	Time to Evacuate: <u>14</u> ^{SEC} (fire/evacuation drills only) <u>2:36</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ANTHONY EARLY</u>	<u>CARL PHARO</u>

LIST THE OBJECTIVES for the DRILL BELOW
<u>TO EVACUATE BUILDING IN A QUICK AND ORDERLY MANNER AND SAFE.</u>



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SIP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

MORE TRAINING ON RADIO COMMUNICATIONS:

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<ul style="list-style-type: none"><input type="checkbox"/> OTHER (list)

Form Completed by

CARL PHARO
Printed Name

BUILD SUPERVISOR
Title

Carl Pharo
Signature

11-28-22
Date



Emergency Drill Reporting Form

School:	A+S	Date:	11-23-22		
District:	15 Th	# Students:	1001	# Staff:	175
Person Completing Form and Title:	CARL Pharo / BLDG SUPERVISOR	# Visitors:	0	TOTAL PARTICIPANTS	1076

Time Drill Began:	9:45 AM	Time Drill Concluded:	9:51 AM	Time to Evacuate: (fire/evacuation drills only)	—
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input checked="" type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ANTHONY EARLY	CLIFF HARRIS

LIST THE OBJECTIVES for the DRILL BELOW
TO EVACUATE CLASSROOMS AND KEEP STUDENTS AND STAFF SAFE AWAY FROM WINDOWS AND DOORS.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

SIMULATED CHEMICAL SPILL:

Mitigation / Plans for Improvement: (check all that apply and explain below)

- ☒ Additional staff training
- ☐ Additional student training
- ☐ Address need for additional equipment
- ☐ Improved emergency supplies
- ☐ Cooperative planning with responders
- ☐ Revised emergency procedures
- ☐ Additional Drills or Exercising Needed

☐ OTHER (list)

Form Completed by

CARL PHARO

Printed Name

BLDG SUPERVISOR

Title

Carl Pharo

Signature

11-23-22

Date



Emergency Drill Reporting Form

School: <u>A+S</u>	Date: <u>11-9-22</u>	
District: <u>15 Th</u>	# Students: <u>1000</u>	# Staff: <u>130</u>
Person Completing Form and Title: <u>CARL PHARO BLDG SUPERV.</u>	# Visitors: <u>-0-</u>	TOTAL PARTICIPANTS <u>1130</u>

Time Drill Began: <u>2:30 PM</u>	Time Drill Concluded: <u>3:00 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>—</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input checked="" type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIFF HARRIS</u>	<u>ANTHONY EARLY</u>

LIST THE OBJECTIVES for the DRILL BELOW

TO LOCK DOWN SAFELY ALL STAFF + STUDENTS.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SIP)<input checked="" type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

A PARENT AND A PERSON WITH THE PARENT WHO WERE HERE TO PICK UP A STUDENT IN THE MAIN OFFICE, EXITED THE OFFICE AND PROCEEDED TO ANOTHER PART OF OUR BUILDING WITHOUT AUTHORIZATION. THEY WERE SEEN LEAVING THE BUILDING AND THE LOCK DOWN WAS LIFTED.

Mitigation / Plans for Improvement: (check all that apply and explain below)

<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)
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Form Completed by

CARL PHARO

Printed Name

BUILDING SUPERVISOR

Title

Signature

11-9-22

Date



Emergency Drill Reporting Form

School:	A+S	Date:	10-25-22			
District:		# Students:	1011	# Staff:	125	
Person Completing Form and Title:	CARL PHARO	FACILITIES MANAGER	# Visitors:	0	TOTAL PARTICIPANTS	1136

Time Drill Began:	2:19 PM	Time Drill Concluded:	2:22 PM	Time to Evacuate: (fire/evacuation drills only)	2:48 sec
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MR EARLY	BELINDA WILSON

LIST THE OBJECTIVES for the DRILL BELOW

TO EVACUATE THE BUILDING IN A SAFE AND QUICK WAY.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

MONTHLY TESTING DRILL.

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<ul style="list-style-type: none"><input type="checkbox"/> OTHER (list)

Form Completed by

CARL PHARO BLDG SUPERVISOR

Printed Name

Title

Carl Pharo

Signature

10-25-22

Date



Emergency Drill Reporting Form

School: <u>A+S</u>		Date: <u>10-13-22</u>	
District: <u>15 TH.</u>		# Students: <u>998</u>	# Staff: <u>125</u>
Person Completing Form and Title: <u>CARL PHARO / FACILITIES SUPERVISOR</u>		# Visitors: <u>0</u>	TOTAL PARTICIPANTS: <u>1023</u>
Time Drill Began: <u>1:36 PM</u>	Time Drill Concluded: <u>2:24</u>	Time to Evacuate: <u> </u> (fire/evacuation drills only)	
Type of Drill: <input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input checked="" type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	Type of School: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature <u>60°</u> F	
Participants: (check all that apply) <input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input type="checkbox"/> Custodial Staff <input type="checkbox"/> Students <input type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	Notification / Alert Method: <input type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	Situation at Start of Drill: <input type="checkbox"/> Before School <input type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:	
Incident Command System Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <u>CLIFF HARRIS</u>	Operations Chief:	
LIST THE OBJECTIVES for the DRILL BELOW			
<u>TO SECURE ALL STAFF AND STUDENTS.</u>			



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated:	
MORE TRAINING IS NEEDED.	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input checked="" type="checkbox"/> Additional Drills or Exercising Needed	<ul style="list-style-type: none"><input type="checkbox"/> OTHER (list)

Form Completed by

CARL Pharo

Printed Name

BLDG SUPERVISOR.

Title

Carl Pharo

Signature

10-13-22

Date



Emergency Drill Reporting Form

School: <u>A+S</u>		Date: <u>10-11-22</u>	
District: <u>15TH</u>		# Students: <u>998</u>	# Staff: <u>125</u>
Person Completing Form and Title: <u>CARL Pharo / BLDG SUPERVISOR</u>		# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>1123</u>
Time Drill Began: <u>1:34 PM</u>		Time Drill Concluded: <u>2:12 PM</u>	Time to Evacuate: (fire/evacuation drills only) <u>—</u>
Type of Drill:	Type of School:	Weather Conditions:	
<input type="checkbox"/> Fire / Evacuation <input checked="" type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SIP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F	
Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:	
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input checked="" type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:	
Incident Command System Used?	Incident Commander:	Operations Chief:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIFF HARRIS</u>		
LIST THE OBJECTIVES for the DRILL BELOW			
<u>TO SAFELY LOCK DOWN ALL STAFF + STUDENTS</u>			



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

TO EDUCATE ALL STAFF AND STUDENTS ON PROPER
LOCK DOWN PROCEDURES..

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<ul style="list-style-type: none"><input type="checkbox"/> OTHER (list)

Form Completed by

CARL PHARO

Printed Name

FACILITIES SUPERVISOR

Title

Signature

Carl Pharo

10-11-22

Date



Emergency Drill Reporting Form

School: ARTS & SCIENCE	Date: 9-16-22	
District: 15TH	# Students: 1020	# Staff: 200
Person Completing Form and Title: CARL PHARO / BLDG SUPERVISOR	# Visitors: 4	TOTAL PARTICIPANTS: 1224

Time Drill Began: 10:00 AM	Time Drill Concluded: 10:06 AM	Time to Evacuate: (fire/evacuation drills only) 6 MIN
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SiP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input checked="" type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start of Drill:
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other:	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:

Incident Command System Used?	Incident Commander:	Operations Chief:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TONY EARLY	BEILINDA WILSON

LIST THE OBJECTIVES for the DRILL BELOW
TO EVACUATE BLDG IN A SAFE AND TIMELY MANNER.



Emergency Drill Reporting Form

Page 2

Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of what to do / proper<input type="checkbox"/> Staff unsure of responsibilities / response<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Lights left on<input type="checkbox"/> Students not accounted for / attendance<input type="checkbox"/> Difficulties with evacuation of disabled students or staff<input type="checkbox"/> Unable to access school mapping system<input type="checkbox"/> Students unaccounted for (note # below)	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Radio communication problems<input type="checkbox"/> Network / computer problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (lockdown drill)<input type="checkbox"/> Long time to evacuate building<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened students (lockdown drill)<input type="checkbox"/> Improper or unavailable supplies (SiP)<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or Exits blocked<input type="checkbox"/> Transportation<input type="checkbox"/> Interagency miscommunications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated: NEED MORE STAFF TRAINING TO IMPROVE ON PROBLEMS ENCOUNTERED.	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies<input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)

Form Completed by

CARL Phero

Printed Name

BLDG. SUPERVISOR

Title

CARL Phero

Signature

Date