



Emergency Drill Reporting Form

School: PPACS	Date: 9/15/23	
District: Phila.	# Students: 431	# Staff: 40
Person Completing Form and Title: Donna LaBella Admin Assistan	# Visitors: 0	TOTAL PARTICIPANTS 471

Time Drill Began: 8:15	Time Drill Concluded: 8:17.19	Time to Evacuate: (fire/evacuation drills only) 2.19
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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 checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input 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"/> Hall 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 type="checkbox"/> Custodial Staff <input checked="" 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 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	January Teti	Donna LaBella

LIST THE OBJECTIVES for the DRILL BELOW



Emergency Drill Reporting Form

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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 checked="" 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 checked="" 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:

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 checked="" 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
Donna LaBella Administrative Assistant
Printed Name Title Signature Date 9/27/23



Emergency Drill Reporting Form

School: <u>Phila. Performing Arts</u>	Date: <u>10/5/23</u>	
District:	# Students: <u>431</u>	# Staff: <u>39</u>
Person Completing Form and Title: <u>Donna LaBella, Admin Assistant</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS: <u>470</u>

Time Drill Began: <u>8:15</u>	Time Drill Concluded: <u>2:17:20</u>	Time to Evacuate: (fire/evacuation drills only) <u>2:20</u>
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Type of Drill: <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: _____	Type of School: <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	Weather Conditions: <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"/> Hall Ambient Temperature _____ F
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Participants: (check all that apply) <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 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 checked="" 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:	Situation at Start of Drill: <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:
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Incident Command System Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <u>January Teti</u>	Operations Chief: <u>Donna LaBella</u>
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Emergency Drill Reporting Form

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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 checked="" type="checkbox"/> Doors left open<input checked="" 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: _____
Exenuating 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 checked="" 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 Donna LaBak Administrative Asst. [Signature] 10/5/23
Printed Name Title Signature Date



Emergency Drill Reporting Form

School: <u>Philadelphia Performing Arts</u>	Date: <u>11/6/23</u>	
District:	# Students: <u>428</u>	# Staff: <u>43</u>
Person Completing Form and Title: <u>Donna LaBella</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>471</u>

Time Drill Began: <u>8:15</u>	Time Drill Concluded: <u>8:02</u>	Time to Evacuate: (fire/evacuation drills only) <u>2:03</u>
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Type of Drill: <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: _____	Type of School: <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	Weather Conditions: <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"/> Hall Ambient Temperature _____ F
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Participants: (check all that apply) <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 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 checked="" 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:	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:
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Incident Command System Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <u>January Teti</u>	Operations Chief: <u>Donna LaBella</u>
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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 checked="" 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:

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 checked="" 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 Donna LaBella Admin Asst
Printed Name Title Signature Date



Emergency Drill Reporting Form

School: <i>Phila Performing Arts Charter</i>	Date: <i>12/4/23</i>	
District:	# Students: <i>430</i>	# Staff: <i>40</i>
Person Completing Form and Title: <i>Donna LaBella Admin</i>	# Visitors: <i>0</i>	TOTAL PARTICIPANTS: <i>470</i>

Time Drill Began: <i>9:30</i>	Time Drill Concluded: <i>9:32.06</i>	Time to Evacuate: (fire/evacuation drills only) <i>2.06</i>
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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 checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input 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 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 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	<i>January Teti</i>	<i>Donna LaBella</i>

LIST THE OBJECTIVES for the DRILL BELOW



Emergency Drill Reporting Form

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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 checked="" 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:

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 checked="" 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 Donna LeBell Admin. Assistant [Signature] 12/4/07

Printed Name Title Signature Date



Emergency Drill Reporting Form

School: <u>Phila. Performing Arts Charter</u>	Date: <u>1/5/24</u>	
District:	# Students: <u>420</u>	# Staff: <u>40</u>
Person Completing Form and Title: <u>Donna LaBella Admin Ass</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS <u>460</u>

Time Drill Began: <u>8:15</u>	Time Drill Concluded: <u>8:17.6</u>	Time to Evacuate: (fire/evacuation drills only) <u>2.06</u>
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Type of Drill: <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: _____	Type of School: <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input 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 type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input checked="" type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hall Ambient Temperature _____ F
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Participants: (check all that apply) <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 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 checked="" 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:	Situation at Start of Drill: <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:
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Incident Command System Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <u>January Teti</u>	Operations Chief: <u>Donna LaBella</u>
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LIST THE OBJECTIVES for the DRILL BELOW



Emergency Drill Reporting Form

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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 checked="" 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:

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 checked="" 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 Donna LaBella Admin Assistant [Signature] 1/5/24

Printed Name Title Signature Date



Emergency Drill Reporting Form

School: <i>Phila Performing Arts Charter</i>	Date: <i>2/22/24</i>	
District:	# Students: <i>408</i>	# Staff: <i>48</i>
Person Completing Form and Title: <i>Donna LaBella Admin Assistant</i>	# Visitors: <i>0</i>	TOTAL PARTICIPANTS: <i>456</i>

Time Drill Began:	Time Drill Concluded:	Time to Evacuate: (fire/evacuation drills only)
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Type of Drill: <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: _____	Type of School: <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	Weather Conditions: <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
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Participants: (check all that apply) <input checked="" type="checkbox"/> School Administrators <input type="checkbox"/> Teachers / Para-educators <input type="checkbox"/> Custodial Staff <input checked="" 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 checked="" type="checkbox"/> Bell or Buzzer <input 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 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:
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Incident Command System Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <i>January Teti</i>	Operations Chief: <i>Donna LaBella</i>
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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:

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input type="checkbox"/> Additional staff training<input checked="" 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 Donna LaBelle Admin Assistant [Signature] _____
Printed Name Title Signature Date



Emergency Drill Reporting Form

School: <i>Phila Performing Arts Cha</i>	Date: <i>3/4/23</i>	
District:	# Students: <i>436</i>	# Staff: <i>52</i>
Person Completing Form and Title: <i>Donna LaBella Admin Asst</i>	# Visitors:	TOTAL PARTICIPANTS: <i>488</i>

Time Drill Began: <i>8:15</i>	Time Drill Concluded: <i>8:17.7</i>	Time to Evacuate: (fire/evacuation drills only) <i>2:07</i>
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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 checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input 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 type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hall 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 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 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	<i>January Teti</i>	<i>Donna LaBella</i>

LIST THE OBJECTIVES for the DRILL BELOW



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 checked="" type="checkbox"/> Doors left open<input checked="" 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:

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 checked="" 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 Donna La Bella Admin Assst [Signature] 3/4/24
Printed Name Title Signature Date



Emergency Drill Reporting Form

School: PPACS	Date: 4/9/24
District:	# Students: 435 # Staff: 51
Person Completing Form and Title: Donna LaBella Admin Assistant	# Visitors: 0 TOTAL PARTICIPANTS: 486

Time Drill Began: 8:15	Time Drill Concluded: 8:17.2	Time to Evacuate: (fire/evacuation drills only) 2.2
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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 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"/> Hall 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 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 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	January Teti	Donna LaBella

LIST THE OBJECTIVES for the DRILL BELOW



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 checked="" 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:

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<ul style="list-style-type: none"><input type="checkbox"/> Additional staff training<input checked="" 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 Donna LaBella Admin Assistant [Signature] Date 4/9/21

Printed Name Title Signature Date



Emergency Drill Reporting Form

School: PPAC	Date: 5/17/24
District:	# Students: 51
Person Completing Form and Title: Donna LaBella Admin Assistant	# Visitors: 0
	TOTAL PARTICIPANTS: 51

Time Drill Began: 8:15	Time Drill Concluded: 8:16.58	Time to Evacuate: (fire/evacuation drills only) 1.58
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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 checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input 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 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 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	January Teti	Donna LaBella

LIST THE OBJECTIVES for the DRILL BELOW



Emergency Drill Reporting Form

School: <u>PPACS</u>	Date: <u>6/4</u>	
District:	# Students: <u>210</u>	# Staff: <u>54</u>
Person Completing Form and Title: <u>Donna LaBella Admin Assistant</u>	# Visitors: <u>0</u>	TOTAL PARTICIPANTS

Time Drill Began: <u>11:00</u>	Time Drill Concluded: <u>11:02.22</u>	Time to Evacuate: (fire/evacuation drills only) <u>2.22</u>
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Type of Drill: <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: _____	Type of School: <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	Weather Conditions: <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
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Participants: (check all that apply) <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 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 checked="" 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:	Situation at Start of Drill: <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:
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Incident Command System Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: <u>January Teti</u>	Operations Chief: <u>Donna LaBella</u>
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LIST THE OBJECTIVES for the DRILL BELOW
