



Emergency Drill Reporting Form

School: <i>Phila. Performing Arts Charter</i>	Date: <i>10/10/23</i>	
District:	# Students: <i>426</i>	# Staff: <i>40</i>
Person Completing Form and Title: <i>Donna LaBella Administrator</i>	# Visitors: <i>9</i>	TOTAL PARTICIPANTS: <i>466</i>

Time Drill Began: <i>8:30</i>	Time Drill Concluded: <i>8:38</i>	Time to Evacuate: (fire/evacuation drills only) <i>nd</i>
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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 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 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 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:	<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 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 type="checkbox"/> Additional Drills or Exercising Needed 	<input type="checkbox"/> OTHER (list)
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Form Completed by Donna LaBella Admin Assistant [Signature] 10/10/23

Printed Name
Title
Signature
Date



Emergency Drill Reporting Form

School: PPACS	Date: 2/23/24
District:	# Students: 413 # Staff: 49
Person Completing Form and Title: Donna LaBella Admin Assista	# Visitors: 0 TOTAL PARTICIPANTS: 462

Time Drill Began:	Time Drill Concluded: 8:15	Time to Evacuate: (fire/evacuation drills only) 8:20
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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 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 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 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:	<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

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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:

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 LaBelle Admin Assistant [Signature] 2/23
Printed Name Title Signature Date



Emergency Drill Reporting Form

School: PPACS East	Date: 4/5/24	
District:	# Students:	# Staff:
Person Completing Form and Title: Donna LaBella	# Visitors:	TOTAL PARTICIPANTS

Time Drill Began: 8:25	Time Drill Concluded: 8:30	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 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 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 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 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:	<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 type="checkbox"/> Yes <input type="checkbox"/> No	January Teti	Donna LaBella

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Problems Encountered: (Check all that apply)		Attach Separate Sheet Documenting Specific Issues	
<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)	<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)			
<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 type="checkbox"/> Additional Drills or Exercising Needed	<input type="checkbox"/> OTHER (list)

Form Completed by

Printed Name

Title

Signature

Date



Emergency Drill Reporting Form

School: PPACS	Date: 6/6/24	
District:	# Students: 205	# Staff: 52
Person Completing Form and Title: Donna LaBella	# Visitors: 0	TOTAL PARTICIPANTS: 257

Time Drill Began: 8:20	Time Drill Concluded: 8:25	Time to Evacuate: (fire/evacuation drills only) 5
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Type of Drill: <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: _____	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 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 type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander: January Teti	Operations Chief: Donna LaBella
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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:

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

Printed Name

Title

Signature

Date

Donna LaBella

Admin Assistant