



# Emergency Drill Reporting Form

School: <i>Phila. Performing Arts Charter</i>	Date: <i>10/23/23</i>
District:	# Students: _____ # Staff: _____
Person Completing Form and Title: <i>Donna LaBelle</i>	# Visitors: _____ TOTAL PARTICIPANTS

Time Drill Began: <i>8:15</i>	Time Drill Concluded: <i>8:23</i>	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 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 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"/> 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	<i>January Teti</i>	<i>Donna LaBelle</i>

LIST THE OBJECTIVES for the DRILL BELOW

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

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

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

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

Donna LaBella Admin Assistant

Printed Name

Title

Signature

Date

10/23/22



# Emergency Drill Reporting Form

School: <i>Phila Performing Arts</i>	Date: <i>2/29/24</i>	
District:	# Students: <i>410</i>	# Staff: <i>49</i>
Person Completing Form and Title: <i>Administrative Assistant</i>	# Visitors: <i>0</i>	TOTAL PARTICIPANTS: <i>459</i>

Time Drill Began: <i>8:15</i>	Time Drill Concluded: <i>8:20</i>	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 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 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"/> 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 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"> <li><input type="checkbox"/> Congestion in hallways</li> <li><input type="checkbox"/> Alarm not heard</li> <li><input type="checkbox"/> Students unsure of what to do / proper</li> <li><input type="checkbox"/> Staff unsure of responsibilities / response</li> <li><input type="checkbox"/> Weather-related problems</li> <li><input type="checkbox"/> Unable to lock doors</li> <li><input type="checkbox"/> Windows not covered</li> <li><input type="checkbox"/> Windows left open</li> <li><input type="checkbox"/> Doors left open</li> <li><input type="checkbox"/> Lights left on</li> <li><input type="checkbox"/> Students not accounted for / attendance</li> <li><input type="checkbox"/> Difficulties with evacuation of disabled students or staff</li> <li><input type="checkbox"/> Unable to access school mapping system</li> <li><input type="checkbox"/> Students unaccounted for (note # below)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Radio communication problems</li> <li><input type="checkbox"/> Network / computer problems</li> <li><input type="checkbox"/> Noise impedes communications</li> <li><input type="checkbox"/> Students not out of sight (lockdown drill)</li> <li><input type="checkbox"/> Long time to evacuate building</li> <li><input type="checkbox"/> Students not serious about drill</li> <li><input type="checkbox"/> Frightened students (lockdown drill)</li> <li><input type="checkbox"/> Improper or unavailable supplies (SIP)</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Doors or Exits blocked</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Interagency miscommunications</li> <li><input type="checkbox"/> Incident command problems</li> <li><input type="checkbox"/> Other: _____</li> </ul>

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

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

Form Completed by) Donna LaBella Administrative Assistant [Signature] 2/29/24  
 Printed Name Title Signature Date



# Emergency Drill Reporting Form

School: <u>PPACS East</u>	Date: <u>4/8/24</u>	
District:	# Students: <u>410</u>	# Staff: <u>52</u>
Person Completing Form and Title: <u>Donna LaBella</u>	# Visitors	TOTAL PARTICIPANTS

Time Drill Began: <u>8:20</u>	Time Drill Concluded: <u>8:25</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 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 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 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	<u>January Teti</u>	<u>Donna LaBella</u>

LIST THE OBJECTIVES for the DRILL BELOW

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# Emergency Drill Reporting Form

## Page 2

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

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

Form Completed by Donna LaBella Admin Assistant Donna LaBella 4/8/24  
Printed Name Title Signature Date



# Emergency Drill Reporting Form

School: <b>PPACS</b>	Date: <b>6/5/24</b>
District:	# Students: <b>424</b> # Staff: <b>50</b>
Person Completing Form and Title: <b>Donna LaBella</b>	# Visitors: <b>0</b> TOTAL PARTICIPANTS: <b>474</b>

Time Drill Began: <b>8:15</b>	Time Drill Concluded: <b>8:22</b>	Time to Evacuate: (fire/evacuation drills only) <b>7</b>
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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 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"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>January Teti</b>	<b>Donna LaBella</b>

LIST THE OBJECTIVES for the DRILL BELOW

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# Emergency Drill Reporting Form

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

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

Form Completed by Donna Labella Admin Assistant [Signature]  
Printed Name Title Signature Date