



# Emergency Drill Reporting Form

School: <i>Phila Performing Arts West Campus</i>	Date: <i>10/18/22</i>	
District: <i>Philadelphia</i>	# Students: <i>882</i>	# Staff: <i>106</i>
Person Completing Form and Title: <i>Julia Viola, Vice Principal</i>	# Visitors: <i>0</i>	TOTAL PARTICIPANTS: <i>988</i>

Time Drill Began: <i>11:15am</i>	Time Drill Concluded: <i>11:17am</i>	Time to Evacuate: <i>2min 10sec</i> (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 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"/> 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 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 type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input checked="" 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: <i>Daniela Palomara</i>	Operations Chief: <i>Julia Viola</i>
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LIST THE OBJECTIVES for the DRILL BELOW

*Preparing readiness for staff + students*



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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 checked="" 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 checked="" 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 Julia Viola Vice Principal Julia Viola 10/10/23  
 Printed Name Title Signature Date