



**TRACY UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES DIVISION
FIRE AND EARTHQUAKE DRILL REPORT FORM 2024-25**
(To be completed within 24 hrs. of drill)
(Reference EC Sections 32001 and 35297)

School/Site: _____ Phone: _____ Date: _____
(Please Print or Type) (mm/dd/yyyy)

Please indicate & report each drill on a separate form:

_____ Fire _____ Earthquake _____ Lockdown (K-12, once per semester)

Purpose: This form is to be used to report/document compliance with the State of California Education Code requirements relative to Fire and Earthquake Safety Drills. Please complete, sign and date the form and return it to the DEC, Business Services Office within 24 hours of the drill by email to csousa@tusd.net or by fax: 209-830-3269.

Fire Drills: The fire alarm at the elementary level shall be sounded not less than once (1) every calendar month of the school and once each school quarter at the intermediate level. The fire alarm shall be sounded not less than once each semester at the high school level. In no case shall the signal be given for less than a one (1) minute period with the sound occurring in increments of ten (10) seconds.

Students shall be taught to single file directly from their seats and shall not stop for coats or other possessions. Students shall continue movement away from the building far enough that the last student will be one-hundred (100) feet from the building.

Each teacher shall remain with the class/students during the drill and see that proper discipline is maintained.

Earthquake Drills: A “drop procedure” practice shall be held at least once each school quarter at the elementary and intermediate levels and once each semester at the secondary level. A “drop procedure” means an activity whereby each student/staff member takes cover under a table or desk, dropping to the knees, with the head protected by the arms, and with backs to the windows.

Please comply with the Education Codes (noted above) by scheduling the drills and submitting the completed report form within 24 hours to the business services office.

Principal’s Signature: _____ Date of Drill: _____

Time Drill Sounded: _____ Number of Minutes to Clear Building (Fire Drill): _____

Remarks (any problems, concerns, e.g.: can everyone hear the alarm?): _____

FOR BUSINESS SERVICES OFFICE USE ONLY

M&O/Safety Coordinator (for review or follow-up and recommendations): _____

Signature: _____ Date: _____
(Risk Manager/Safety Coordinator/Designee)