

TRACY UNIFIED SCHOOL DISTRICT BUSINESS SERVICES DIVISION FIRE AND EARTHQUAKE DRILL REPORT FORM 2025-26

(Reference EC Sections 32001 and 35297) (To be completed within 24 hours of drill)

School/Site Name:				Date:	/_	/	(MM/DD/YYYY)
School Level: 🗆 Eler	nentary	🗆 Inter	mediate	□ High School			
Drill Type: 🗖 Fire	🗆 Earth	quake	□ Lockd	own (K-12, once p	oer sei	mester)	
		(R	eport each	drill on a separate f	orm)		

Purpose: This form is used to document compliance with the State of California Education Code requirements regarding 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 via email to <u>csousa@tusd.net</u>.

Fire Drills:

In accordance with Education Code requirements, fire alarms shall be conducted as follows:

- Elementary level: At least once per calendar month during the school year
- Intermediate level: At least once each school quarter
- High school level: At least once each semester

The fire alarm signal must sound for a minimum of one (1) minute, in 10-second intervals.

Students must be instructed to exit the classroom in a single-file line directly from their seats, without stopping to collect personal belongings such as coats or backpacks. During evacuation, students must proceed far enough from the building so that the last person is at least one hundred feet away.

Each teacher is responsible for staying with their class throughout the drill and maintaining proper student conduct.

Earthquake Drills:

A "drop procedure" drill shall be held:

- At least once each school quarter at the elementary and intermediate levels
- At least once each semester at the secondary level

The drop procedure involves students and staff taking cover under desks or tables, dropping to their knees, protecting their heads with their arms, and positioning their backs toward windows.

To remain compliant with the Education Code, please ensure drills are scheduled accordingly and that the completed report form is submitted to the Business Services Office within 24 hours of the drill.

Principal's Signature:		Date of Drill: / /	(MM/DD/YYYY)
Time Drill Started:	AM 🗆 PM 🗆	Time Drill Completed (Fire Drill):	AM 🗆 PM 🗆
Total Evacuation Time:	minutes		

COMMENTS/ISSUES/FOLLOW-UP NEEDED

FOR BUSINESS SERVICES OFFICE USE ONLY

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

Signature: ____