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## EMERGENCY HAZARD ASSESSMENT SUMMARY

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School	_____	Location Code	_____
Name	_____	Position	_____
Date	_____		

**On-Site Hazard:**

[List any unusual on-site hazards which are unique to the school, e.g., underground storage tanks, unusual chemicals]

**Off-Site Hazards:**

[List any unusual off-site hazards unique to the school, e.g. freeways, railroads, pipelines, power transmission lines, industrial facilities]



# BOMB THREAT REPORT

School \_\_\_\_\_ Location Code \_\_\_\_\_

Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_

Person Receiving Call \_\_\_\_\_

### I. REPORT OF PERSON RECEIVING CALL

#### A. Ask the caller the following questions

Where is the bomb (building, location)?	
What time is it set to go off?	
What kind of bomb is it? What does it look like?	
Who set the bomb? Why was the bomb set?	
What is your name?	
How old are you?	
Where do you live?	

#### B. Evaluate the voice of the caller, and check the appropriate spaces below:

<input type="checkbox"/> Male	<input type="checkbox"/> Intoxicated
<input type="checkbox"/> Female	<input type="checkbox"/> Speech Impediment
<input type="checkbox"/> Child	<input type="checkbox"/> Special Ethnic Characteristics
Age (Approx.)	Other

#### C. Listen for any background noise. (Check appropriate spaces below, if applicable):

<input type="checkbox"/> Music	<input type="checkbox"/> Babies or children	<input type="checkbox"/> Airplane
<input type="checkbox"/> Conversation	<input type="checkbox"/> Cars/trucks	Other
<input type="checkbox"/> Typing	<input type="checkbox"/> Machine noise	

### II. REPORT BY PRINCIPAL

#### A. The police were contacted by (Name of person)

Date	Time
Police personnel taking call	
Officer responding to call	

#### B. Was a search made for the bomb? Yes No

If "yes," give details regarding search	
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#### C. Was an evacuation conducted? Yes No

If "yes," indicate buildings or areas evacuated	
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D. Remarks:	
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Submit original to Local District Operations and retain a copy at the school site.







**EMERGENCY RESPONSE TEAM LOG**

School \_\_\_\_\_ Date \_\_\_\_\_

Team \_\_\_\_\_ Team Leader \_\_\_\_\_

Directions: Keep a chronological record of all pertinent information.

Time	Important Information/Action Taken
	Incident Began:
	Team Assembled. Team Members:

Retain a copy at school site to document response/assistance.





### L.A. Unified Emergency Drill Evaluation Worksheet

All emergency drill evaluations must be submitted at <http://emergencydrills.lausd.net>. Schools are expected to submit an evaluation after each emergency drill and radio test. **For best results, complete the emergency drill evaluation online using a cell phone during the drill.** Responses may also be entered on this form and then transferred to the online drill evaluation system after the drill using a desktop computer, tablet or cell phone.

Questions with an \* require a response.

School\*

Today's Date\*

First Name\*

Last Name\*

Email Address\* (use lausd.net)

- 1) Drill Type\*
- fire
  - earthquake
  - lockdown
  - shelter in place
  - take cover

- 2) Select One\*
- new drill submission
  - drill resubmission
  - actual emergency

3) Date Conducted\*

4) Time Started \*

5) Time Completed (including accounting for everyone)\*

- 6) Alert Type\*
- bell/tone
  - PA system
  - megaphone
  - whistle
  - other

7) How many minutes did evacuation take? If no evacuation, respond "0."\*

8) Did everyone on campus participate?\*  yes  no

9) If parents/guardians participated, what were their roles?

10) How were parents/guardians notified about the drill?\*

- letter sent home
- Blackboard Connect
- newsletter
- other (specify)
- sign at entrance/marquee
- school website/calendar
- no notification

11) Was an Incident Command Post established?\*

- yes
- no

12) Did an employee take the School Emergency Response Box to the assembly area/command post?\*

- yes
- no

13) How was the school's Integrated Safe School Plan (ISSP) used for the drill? (Mark all that apply)

- during the planning of the drill
- during the execution of the drill
- after the drill
- did not use the ISSP

14) Comments regarding the ISSP

15) Rate each of the below aspects of the drill. Five is the highest.

<p>a) Student performance of emergency procedures*</p> <p>5 4 3 2 1 n/a</p>	<p>b) Employee performance of emergency duties and procedures*</p> <p>5 4 3 2 1 n/a</p>	<p>c) Emergency team(s) performance of duties*</p> <p>5 4 3 2 1 n/a</p>	<p>d) Accounting for everyone*</p> <p>5 4 3 2 1 n/a</p>	<p>e) Alert system*</p> <p>5 4 3 2 1 n/a</p>
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16) Did the School Safety Committee and/or Emergency Team Leaders debrief after the drill?\*

- yes
- no

17) List the top lesson learned from this drill and how it will be addressed.

18) What District training support would improve emergency drills and/or preparedness?

A drill certificate of completion will be emailed upon submitting this evaluation online. Emails containing drill and radio test certificates and response summaries should be archived. Drill certificates should be printed and retained in the emergency drill log book for proof of compliance during inspections. Questions can be directed to [emergencyservices@lausd.net](mailto:emergencyservices@lausd.net) or 213-241-5337.





### SCHOOL/SITE PRELIMINARY DAMAGE REPORT (PDR)

(Please use this form to report your status to the Educational Service Center)

School/Site:						Location Code:					
Date:		Time:		Person in Charge:							
Contact information (How the school can be reached for additional information):											
Please answer the following:											
Number of deaths	# of Students		# of Staff		None	<input type="checkbox"/>					
Number of injuries	# of Students		# of Staff		None	<input type="checkbox"/>					
How many buildings at your site are visibly damaged?											
Describe the type and extent of damage you observe:											
Summarize emergency response actions already taken:											
Do you have the following capabilities?											
Power	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Landline Phone	Contact #		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Water	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cellular Phone	Contact #		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Natural Gas	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Two-way Radio			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Location of evacuated students											
List critical issues on site											
List other issues											
List assistance requested											



### BIOLOGICAL AND CHEMICAL RELEASE RESPONSE CHECKLIST

School \_\_\_\_\_ Location Code \_\_\_\_\_

Location of Release \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

	Yes	No	Note
Have unexposed students, staff and others been evacuated from area of contamination?	<input type="checkbox"/>	<input type="checkbox"/>	
Have staff, students, or others who came in contact with the area of contamination been isolated and quarantined in a safe and separate location and cleaned their hands with soap and water?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all students and staff been accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the area of contamination been cordoned off and secured?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the area of contamination been affixed with conspicuous signs reading: "DO NOT ENTER"?	<input type="checkbox"/>	<input type="checkbox"/>	
Have the doors and windows to the area of contamination been closed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	
Have fans and ventilators serving the area of contamination been turned off?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments			

