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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]



# LAUSD Explosive Device Threat Report

School:

Date of Call:	Time of Call:
Person Receiving Call:	Incoming Phone No. on Caller ID:

## I. REPORT OF PERSON RECEIVING CALL

Keep the caller on the line as long as possible (ask caller to repeat statements, ask more questions) and signal to another person to call police.

### Questions for Caller

Ask the caller the following questions and write answers in the spaces below:

#### **Explosive Device Information:**

Where is the explosive device?  
(Get most specific information as possible.)

When is it going to explode?

What kind of explosive device is it?

What does it look like?

Who set the explosive device?

Why was the explosive device set?

What can we do for you to keep the device from exploding?

#### **Caller Information:**

What is your name?

How old are you?

Where do you live?

(If voice youthful) Are you making this threat to avoid taking a test/final?

Are you a member of a terrorist organization?		Which one?	
Yes	No		

How can you be contacted?

**Call Characteristics Evaluation**

Check and describe the noted characteristics in the spaces provided below.

**Message Details** (Use the caller’s exact language where possible.)

**Caller’s Voice:**

Male:		Female:		Child:	Yes		No		Age:	
Intoxicated:				Speech Impairment:						
Accent:				Type:						
Whispers:				Angry:						
Foul/Inappropriate Language:						Educated:				
Irrational:						Incoherent:				

**Voice disguised/altered:**

Recorded threat message:	Read from script:
Is voice familiar?	Who does it sound like?

**Background Noise:**

Music:	Babies/Children:
Conversation:	Playground/School:
Airplanes:	Traffic:
Animals:	PA System:
Machines:	Typing:
Other:	

**II. REPORT BY PRINCIPAL**

Name of school employee contacting the police:	
Date police contacted:	Time:
Name of police department call taker:	
Name of responding office:	
Name of police agency:	
Was a search for explosive device conducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of search:	
Was a school evacuation conducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full evacuation:	Partial evacuation:
Buildings or areas evacuated:	

Send one copy of this completed form to the LD Operations Coordinator, send one copy to School Police at [wcoffice@laspd.com](mailto:wcoffice@laspd.com) and keep one copy in school records. Please also upload a copy to the iSTAR submitted on the incident.







### STUDENT RELEASE LOG

**NOTE: Schools may only release students to individuals who have been designated by the custodial parent/guardian.**

School \_\_\_\_\_

Date \_\_\_\_\_

STUDENT'S NAME	RELEASE TIME	NAME OF PERSON RELEASED TO	ADULT SIGNATURE

[Note: Maintain the original in the emergency document file.]



### 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											



## EMERGENCY DRILL DATA WORKSHEET

Use this form to record your drill information; then enter the data at <http://emergencydrills.lausd.net> and receive your emailed certificate.

School/Site:		Location Code:	
Name:		Position:	
E-Mail:		Date:	

*Drill Type -- Choose one*

- |   |   |
|---|---|
| <input type="checkbox"/> Fire                             | <input type="checkbox"/> Drop/Cover/Hold on or Drop |
| <input type="checkbox"/> Earthquake drill with evacuation | <input type="checkbox"/> Lockdown                   |
| <input type="checkbox"/> Shelter in Place                 | <input type="checkbox"/>                            |

1. What type of alert system did you use to alert students/staff of the drill?			
<input type="checkbox"/> Fire Alarm/Bell	<input type="checkbox"/> Voice through Intercom/PA	<input type="checkbox"/> Bull Horn	<input type="checkbox"/> Whistle
<i>(Omit #2 for Drop/Cover/Hold or Drop)</i>			
2. Time Drill Started:	<input type="checkbox"/> am <input type="checkbox"/> pm	Time Drill Completed:	<input type="checkbox"/> am <input type="checkbox"/> pm
3. Total number of staff involved in the drill activity?			
4. Total number of students involved in the drill activity?			
5. Did any students with special needs participate in the drill? If yes, about how many?			
6. Did you encounter any challenges with students with special needs? (Y/N)			
7. If yes, Please describe challenges:			

*(Omit #8 for Drop/Cover/Hold or Shelter-in-Place, Drop & Lockdown)*

8. How long did it take to evacuate all buildings? (minutes) (Time from START of drill to the time when last staff or student arrived at the staging area.)	
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*(Omit #9 for Drop/Cover/Hold or Drop)*

9. Did you establish an Incident Command Post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Did staff bring the School Emergency Response Box to the assembly area?(Y/N)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Did you use the District's Safe School Plan, Volume 2 - Emergency Procedures during: (Check all that apply)		
<input type="checkbox"/> Yes, during the planning of the drill	<input type="checkbox"/> Yes, during the execution of drill.	
<input type="checkbox"/> Yes, after the drill.	<input type="checkbox"/> No, we did not use the Safe School Plan.	

*(Omit #12, 13&14 for Drop/Cover/Hold or Drop)*

12. Did you use any supplies during the drill? (Check all that apply)			
<input type="checkbox"/>	Yes, our staff took supplies out of their storage area.		
<input type="checkbox"/>	Yes, our staff used the supplies during the drill.		
<input type="checkbox"/>	No, we did not use emergency supplies.		
13. Were parents notified either before or after the drill? (Y/N)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. How were parents notified? (method)			
15. Did any parents participate in drill? If yes, about how many?	<input type="checkbox"/> Yes		
16. What did parents do?			





### EMERGENCY DRILL DATA WORKSHEET (CONTINUED)

17. Did you encounter any behavioral problems (non-participation, student/staff distractions, etc.) during the drill?  
If yes, please briefly describe any problems.

18. Did you encounter problems with any of the following?  
(Omit # d, e, & f for Drop/Cover/Hold or Drop)  
(Omit # f for or Lockdown)

	Yes	No	Briefly describe these problems:
a. Alert system	<input type="checkbox"/>	<input type="checkbox"/>	
b. Students	<input type="checkbox"/>	<input type="checkbox"/>	
c. Staff	<input type="checkbox"/>	<input type="checkbox"/>	
d. Parents	<input type="checkbox"/>	<input type="checkbox"/>	
e. Supplies	<input type="checkbox"/>	<input type="checkbox"/>	
f. Evacuation route	<input type="checkbox"/>	<input type="checkbox"/>	

19. Using a grading scale from A through F, please grade the following:  
(Omit a, b, & c for Drop/Cover/Hold or Drop)  
(Omit a for Campus Protection or Lockdown)

	A	B	C	D	F
a. Student behavior during evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Performance of alert system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance of members of the school safety team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall student performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall staff performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Did you debrief after the drill? (Y/N)  Yes  No

21. What were the three top lessons learned?


22. How can this drill be improved in the future?




# 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			

