

ANNUAL SCHOOL EMERGENCY PREPAREDNESS REPORT



To be filled out and sent to the Superintendent's office
by October 15th each school year

School/Site: _____

I/we have completed the review of the following supplies, documents, functions and facilities for the current school year:

	Reviewed	Updated or Completed	Not Updated or Completed	Will Complete By (date)
School Emergency Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School EP Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff EP Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Student Identification Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Two-Way Radios, Walkie-Talkies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Container Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Drill Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School Hazard Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parent Information Letter Sent (Information on School EP Plan, Parent Connect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

Submitted by: _____
 (Principal) (School Emergency Coordinator)

Date: _____