

EMERGENCY PREPAREDNESS PLAN

BUILDING EVACUATION & FIRE ESCAPE PLAN:		
Staff Evacuation Responsibilities	AM Classroom	PM Classroom
Check Rooms and Remove Children:		
Bring Class Roster/Take Attendance:		
Close Windows & Doors:		
Turn Off Lights/Electricity:		
Call 911 or Local Emergency Number:		
Call Operations Dir./Central Office:		
Call Parents/Emergency Contacts:		

BUILDING EVACUATION PLAN: (Describe building evacuation procedures including route to primary and alternate meeting locations for parents to pick-up their children.) _____

Primary Meeting Location: _____ Alternate Meeting Location: _____

FIRE DRILL DATES: (Practiced Monthly)								
Date	Time	Duration	Date	Time	Duration	Date	Time	Duration
Aug.			Sept.			Oct.		
Nov.			Dec.			Jan.		
Feb.			Mar.			Apr.		
May			Jun.			Jul.		

SMOKE DETECTOR TEST DATES: (Tested Monthly)						FIRE EXTINGUISHER SHAKE DATES: (Shaken Monthly)					
Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.
Feb.	Mar.	Apr.	May	Jun.	Jul.	Feb.	Mar.	Apr.	May	Jun.	Jul.

EARTHQUAKE EMERGENCY PLAN: (Must include "Duck, Cover and Hold" practice with children and staff, and must include Staff Responsibilities and route to primary and alternate meeting location(s) if different than Building Evacuation Plan.) _____

Primary Meeting Location: _____ Alternate Meeting Location: _____

EARTHQUAKE DRILL DATES: (Practiced Once Every Four Months)								
Date	Time	Duration	Date	Time	Duration	Date	Time	Duration
Aug.			Sept.			Oct.		
Nov.			Dec.			Jan.		
Feb.			Mar.			Apr.		
May			Jun.			Jul.		

FLOODING EMERGENCY PLAN: (Must include Staff Responsibilities and route to primary and alternate meeting location(s) if different than Building Evacuation Plan.) _____

Primary Meeting Location: _____ Alternative Meeting Location: _____

FLOODING DRILL DATES: (Practiced Once Every Four Months)								
Date	Time	Duration	Date	Time	Duration	Date	Time	Duration
Aug.			Sept.			Oct.		
Nov.			Dec.			Jan.		
Feb.			Mar.			Apr.		
May			Jun.			Jul.		

BRUSH FIRE EMERGENCY PLAN: (Must include Staff Responsibilities and route to primary and alternate meeting location(s) if different than Building Evacuation Plan.) _____

Primary Meeting Location: _____ Alternative Meeting Location: _____

BRUSH FIRE DRILL DATES: (Practiced Once Every Four Months)								
Date	Time	Duration	Date	Time	Duration	Date	Time	Duration
Aug.			Sept.			Oct.		
Nov.			Dec.			Jan.		
Feb.			Mar.			Apr.		
May			Jun.			Jul.		

Is your facility located within the geographic area around the Umatilla Chemical Depot where risk of exposure to unauthorized release of chemical and/or biological weapons is considered greatest? ? Yes ? No

If yes, where is your center's Essential Emergency Supply kit located? _____

UMATILLA CHEMICAL STOCKPILE EMERGENCY PLAN: (Must include route to primary and alternate meeting location(s) if different than Building Evacuation Plan.) _____

Primary Meeting Location: _____ Alternative Meeting Location: _____

DRILL DATES: (Practiced Once Every Four Months)								
Date	Time	Duration	Date	Time	Duration	Date	Time	Duration
Aug.			Sept.			Oct.		
Nov.			Dec.			Jan.		
Feb.			Mar.			Apr.		
May			Jun.			Jul.		

Incident Weather/Closure Notification: In case of school closure due to weather, listen to: _____ radio station(s) for closure information. If radio does not broadcast closure information, assume school is in session.

Describe your center's procedure for notifying parents of an emergency evacuation requiring school closure: _____
