REPORTING FORMS

APPENDIX

2019/2020



Irvine Unified School District SAFETY AND DAMAGE REPORT

Date	Time	Filed By	
SITE		BUILDING	
General Condition of Buildi Severe	ing (circle one): Damage Moderate D	Damage Light Damage	
Can building be reentered?	(circle one) YES	or NO	

STRUCTURAL DAMAGE	SEVERE	MODERATE	LIGHT	
Doors	Jammed	Some damage, but operable	Easy to open	
Glass (windows)	Much broken glass	Cracks in glass	Mostly intact	
Ceiling (panels)	Severe Damage	A few broken	Mostly intact	
Utilities	Water line broken	Gas Odor	No visible damage	
Foundation	Tilted/moved	Cracked	Intact	

NON STRUCT DAMAGE	SEVERE	MODERATE	LIGHT	
Teachers' Desks	Damaged	Overturned	Intact	
Students' Desks	Damaged	Overturned	Intact	
Tables	Damaged	Overturned	Intact	
Lights	Fixtures Down	Don't Work	Work	
Chairs	Damaged	Overturned	Intact	
File Cabinets	Damaged	Overturned	Intact	
Bookcases	Damaged	Overturned	Intact	

General Comments:

(Safety/Damage)

Irvine Unified School District SEARCH & RESCUE TEAM and FIRST AID TEAM EMERGENCY RECORD

T	Data
Team:	Date:

Description of Event:

Name of Person Assisted	Minor	Adult	Deceased	Injured	Treated	By Whom	Notification		By Whom	
							Parents	Police		
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Irvine Unified School District CLASSROOM STUDENT ACCOUNTABILITY AND TRACKING FORM

Incident Date: Location:						Accountability Recorder/Scribe:					
Change of Recorde	ange of Recorder/Scribe: Date: Time:				New Accountability Recorder/Scribe:						
Teacher's Name and Grade Level	Number of Students Enrolled	Number of Students Absent	Number of Students with Teacher at Time of Emergency	Number of Students Missing	Number With Teacher	Injured In Triage or First Aid	Number Missing	Number Dead	Current Location	Report Time	Update From Command
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Rev. 8/9/12

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Irvine Unified School District

ACCOUNTABILITY FORM

Please account for students and staff under your care, complete accountability form and submit to Command Post immediately.

Teacher Name/	Grade/Room No:	Date:
Number of Stud	dents Enrolled:	
Number of Stud	dents Absent:	Reported by:
Number of Stud	dents Present With You Now:	
1. Names of stud	dents who are absent today:	
Name		
2. Students or cl	assroom volunteers present b	ut not with you now (left in room, other location, etc.):
Name	Location	Problem/Other Information
3. Other student	ts who are with you but not as	signed to your classroom:
Name	Teacher/Grade	Other Information
4. Students with	you needing more first aid th	an you can handle:
Name	Location	Problem
Additional commo	ents/information (report fire,	gas/water leaks, blocked exits, structural damage, etc.)

Student Release Form To Be Taken By Runner							
1							
ed by Gate	Student Last Name: First Name:						
Check In – Completed by Parent/Requester at Gate	School: Grade: Teacher (if known	wn):					
:k In – C nt/Requ	Name of Person Picking up Student:						
Chec	Relationship to Student:						
2							
Gate	Name on Release Form? (circle one) Yes No						
Check In – Completed by Gate	Photo ID/Driver's License Checked OR student will verify identify at rel	ease gate					
Che	Emergency Form Checked by (Staff Name):						
3							
sion- es	Student Status: Sent with Runner	Absent					
Student Supervision- Staff Completes	Other Notes:	Missing					
4							
> o	Confirm person picking up student is the same as named in Section 1:	Yes					
Completed by Release Gate	Photo ID checked or student confirmed identification of parent/guardian:	☐ ID Checked					
Com	Checked by Release Gate Staff: Signature	Student Verified					
5							
nt or e Gate	Have the requesting adult sign for the student if possible.						
by Pare Releas	Parent/Guardian/Care Giver Signature:						
Completed by Parent or Requester at Release Gate	Destination/Phone:						
Com	Date: Time:						

Irvine Unified School District CAMPUS STATUS REPORT – COMMAND POST MESSAGE FORM (to District EOC)

DATE:		FR	OM:					
		TIME:			PERSON IN CHARGE			
Message via: 2	-way radio	AI	M/FM Rad	io	Phone	Messenger	FAX	
EMPLOYEE/STU	JDENT STA	<u>TUS</u>						
	Absent	Injured	Sent to Hospital	Dead	Missing	Unaccounted for (Away from Site)	Released to Adult	Being Supervised
Students								
Site Staff								
Others								
✓	DA	AMAGE/P	ROBLEM			LOCATION	N(S)	
	DF	Gas L				LOCATION	v(S)	
		Wat	er					
		Fire	Э					
		Electr	ical					
		Communi	cations					
		Heating/o	cooling					
		Othe	er:					
		Othe	er:					
		Othe	er:					
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Message:

- Include kind of immediate assistance required can you hold out without assistance and for how long?
- Overall condition of campus, neighborhood and streets?
- Are there outside agencies on campus & what are their actions?
- Names of injured, missing and unaccounted for ASAP?
- DO NOT TRANSMIT THE NAMES OF THE DEAD OVER THE RADIO: these names should be sent by messenger or over the telephone when service is restored.

Irvine Unified School District

INCIDENT LOG - EMERGENCY RECORD

Date:	Description of Incident:
Date:	Description of incident:
	2 000110 1101101101111

Record Time	Description of Action	Notes	Person Recording
	Approximate time of disaster/initial incident		
	Staff and teams reported to Command Post		
	Set-up Command Post and mobilize teams		
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Irvine Unified School District

MESSAGE FORM

Message From:	Day/Time Received:					
Message To:				er To/Locati	on:	
Subject:						
Message Received Via	Phone:	Radio:		Runner:	District:	Other:
Message:						
Reply:						
Deliver Reply To:				Reply From:		

Irvine Unified School District

MESSAGE FORM

Message From:			Day/Time Received:			
Message To:			Deliver To/Location:			
Subject:						
Message Received Via	Phone:	Radio:		Runner:	District:	Other:
Message:						
Reply:						
Deliver Reply To:				Reply From	n:	
		·				

Irvine Unified School District STAFFING/VOLUNTEER RESOURCE POOL LOG

Date:	Description of Personnel	(staff, student, volunteer):	
		(5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

Time	Name	Assigned to	Return Time