

REPORTING FORMS

APPENDIX

2019/2020



**IRVINE UNIFIED
SCHOOL DISTRICT**

Irvine Unified School District
SAFETY AND DAMAGE REPORT

Date _____ Time _____ Filed By _____

SITE _____ BUILDING _____

General Condition of Building (circle one):

Severe Damage Moderate Damage Light Damage

Can building be reentered? (circle one) YES or NO

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

NON STRUCT DAMAGE	SEVERE	MODERATE	LIGHT
Teachers' Desks	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>
Students' Desks	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>
Tables	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>
Lights	<i>Fixtures Down</i>	<i>Don't Work</i>	<i>Work</i>
Chairs	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>
File Cabinets	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>
Bookcases	<i>Damaged</i>	<i>Overtured</i>	<i>Intact</i>

General Comments:
(Safety/Damage)

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 Students Enrolled: _____

Number of Students Absent: _____ Reported by: _____

Number of Students Present With You Now: _____

1. Names of students who are absent today:

Name

2. Students or classroom volunteers present but not with you now (left in room, other location, etc.):

Name	Location	Problem/Other Information
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_____	_____	_____
_____	_____	_____

3. Other students who are with you but not assigned to your classroom:

Name	Teacher/Grade	Other Information
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_____	_____	_____
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4. Students with you needing more first aid than you can handle:

Name	Location	Problem
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_____	_____	_____
_____	_____	_____

Additional comments/information (report fire, gas/water leaks, blocked exits, structural damage, etc.):

Rev. 2/17/12

Student Release Form

To Be Taken By Runner

1

Check In - Completed by Parent/Requester at Gate	Student Last Name: _____ First Name: _____
	School: _____ Grade: _____ Teacher (if known): _____
	Name of Person Picking up Student: _____
	Relationship to Student: _____

2

Check In - Completed by Gate	Name on Release Form? (circle one) Yes No
	Photo ID/Driver's License Checked <input type="checkbox"/> OR student will verify identify at release gate <input type="checkbox"/> _____
	Emergency Form Checked by (Staff Name): _____

3

Student Supervision- Staff Completes	Student Status: _____ Sent with Runner _____ Absent
	_____ First Aid _____ Missing
	Other Notes:

4

Completed by Release Gate	Confirm person picking up student is the same as named in Section 1: <input type="checkbox"/> Yes
	Photo ID checked or student confirmed identification of parent/guardian: <input type="checkbox"/> ID Checked
	_____ Student Verified
	Checked by Release Gate Staff: _____ Signature

5

Completed by Parent or Requester at Release Gate	Have the requesting adult sign for the student if possible.
	Parent/Guardian/Care Giver Signature: _____
	Destination/Phone: _____
	Date: _____ Time: _____

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

TO: _____ FROM: _____ LOCATION _____

DATE: _____ TIME: _____ PERSON IN CHARGE _____

Message via: 2-way radio ____ AM/FM Radio ____ Phone ____ Messenger ____ FAX ____

EMPLOYEE/STUDENT STATUS

	Absent	Injured	Sent to Hospital	Dead	Missing	Unaccounted for (Away from Site)	Released to Adult	Being Supervised
Students								
Site Staff								
Others								

STRUCTURAL DAMAGE (Check damage/problem and indicate location(s))

<input checked="" type="checkbox"/>	DAMAGE/PROBLEM	LOCATION(S)
	Gas Leak	
	Water	
	Fire	
	Electrical	
	Communications	
	Heating/cooling	
	Other:	
	Other:	
	Other:	
	Other:	

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

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:		

Irvine Unified School District

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