

District Name	Phone	School Name	Phone
Street Address		Street Address	
City, State, Zip		City, State, Zip	

Emergency Contact and Inventory Form

Instructions: Please file bi-annually with your local Police and Fire Departments

School: _____	District: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Website: _____	Website: _____

For assistance completing this form contact:

Jeff Solomon
610-993-0229 ext.1037



Emergency Phone Numbers:

	Name	Phone	Organization	Phone
Superintendent			Electric Company	
Principal / Asst. Supt.			Gas Company	
Assistant Principal			Sewer Company	
Facilities-Maintenance			Water Company	
School Nurse <input type="checkbox"/> District <input type="checkbox"/> OE			Nearest Hospital	
Bus Dispatch			Fire Station (911)	
Master Key (1)			Police/Sheriff Dept (911)	
Master Key (2)			Other	

Evacuation Sites

Shut Offs and Switches

Designate as a Primary, Secondary or Alternate Site	Location	# of students/adults to be evacuated to site		Location	Contact	Phone
			Electric			
			Gas			
			Water			
			Telephones			
			On-site hazardous materials			

Incident Command Team (Responsible for directing and documenting on site emergency activities)

Incident Commander <i>Directs on site emergency operations</i>		Agency Liaison Officer <i>Coordinates w/ outside agencies</i>	
Backup Incident Commander		Backup Agency Liaison Officer	
Public Information Officer		Safety Officer <i>Ensures emergency activities are conducted safely</i>	
Backup Public Information Officer		Backup Safety Officer	

Incident Command Team Meeting Locations

(Indicate locations where the Incident Command Team will convene during an emergency - is there power and phone service?)

Primary	Secondary

Color key

Students present in these team areas

Staff assigned to teams in these areas should not have multiple assignments unless they are staggered during stages of incidents, e.g., search/rescue (start of event) and reunion gate (event has progressed beyond search/rescue)

Information in this category represents districts resources to serve their students and to respond in the event of an emergency

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Team Assignments & Meeting Locations (Fill in Team Leaders, Alternates and Members. Indicate locations where team will convene during an emergency)

Search & Rescue Team 1 <i>Performs search & rescue operations by groups of classrooms, wings, or buildings. Number of rescue teams is based on number and location of classrooms.</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader		Search & Rescue Team 3 <i>Performs search & rescue operations by groups of classrooms, wings, or buildings. Number of rescue teams is based on number and location of classrooms.</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader	
	Alternate Leader			Alternate Leader	
	Member 1			Member 1	
	Member 2			Member 2	
	Member 3			Member 3	
Search & Rescue Team 2 <i>Performs search & rescue operations by groups of classrooms, wings, or buildings. Number of rescue teams is based on number and location of classrooms.</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader		Search & Rescue Team 4 <i>Performs search & rescue operations by groups of classrooms, wings, or buildings. Number of rescue teams is based on number and location of classrooms.</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader	
	Alternate Leader			Alternate Leader	
	Member 1			Member 1	
	Member 2			Member 2	
	Member 3			Member 3	
Security/Utilities Team <i>Ensure security of the school site and short-term repairs</i> Fire Suppression/HazMat Team <i>Extinguish fires & evaluate chemical spills</i> Supply/Equipment Team <i>Ensure adequate supplies & equipment are available</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader		Crisis-Psychological First Aid Team <i>Provides psychological counseling for students/staff</i> <input type="checkbox"/> District <input type="checkbox"/> COE Meeting Location (inside): _____ Meeting Location (outside): _____	Leader	
	Alternate Leader			Alternate Leader	
	Member 1			Member 1	
	Member 2			Member 2	
	Member 3			Member 3	
Assembly Area Team <i>Ensures safe evacuation & accounting of all students/staff</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader		Request/Reunion Gate Team <i>Process request(s) for student pick-up. Reunites parents or guardians at Reunion Gate</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader	
	Alternate Leader			Alternate Leader	
	Member 1			Member 1	
	Member 2			Member 2	
	Member 3			Member 3	
First Aid / Medical Team <i>Ensure first aid supplies are available & administered</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader		Reunion Gate Team 2 <i>(encourage a separate reunion gate be staffed if school enrollment exceeds 800)</i> Meeting Location (inside): _____ Meeting Location (outside): _____	Leader	
	Alternate Leader			Alternate Leader	
	Member 1			Member 1	
	Member 2			Member 2	
	Member 3			Member 3	
Documentation	Primary		Communication		
	Alternate				
Facilities Manger	PM Name		School Safety Planning Committee Chair	Chairperson	

Color key Students present in these team areas Staff assigned to teams in these areas should not have multiple assignments unless they are staggered during stages of incidents, e.g., search/rescue (start of event) and reunion gate (event has progressed beyond search/rescue) Information in this category represents districts resources to serve their students and to respond in the event of an emergency

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Plan for Loss of Utilities (Indicate specific plan for establishing alternative water, electricity, natural gas supply, and alternative methods of communication)

Water: (Plan should include alternative water source for drinking water, fire suppression, food service & toilet)	
Drinking Water	
Food Service	
Fire Suppression	
Toilet	
Electricity: (Plan should provide alternative electrical source for ventilation & emergency lighting)	
Battery Lights	
Ventilation	
Generator (hours/days of power; what is powered; and fuel source)	
Natural Gas	
Food Service	
Other	
Communication:	
Cell Phone	
Radio (type & frequency)	

Emergency Resources Inventory (Initial call out is made to the [Authorization Contact](#) from the Emergency Operations Center at the county or city. After initial call out, direct contact with Facilities, Staff, and Equipment Secondary Contacts may be made.)

AUTHORIZATION CONTACT NAME	Phone	Location
Facilities: Secondary contact name _____ phone _____ location _____		
Gym-Multipurpose Room	Capacity-# of people _____ # of sq ft _____ # of restrooms _____ # of showers _____	
Cafeteria	Capacity-# of people _____ # of sq ft _____ Type of Food Prep _____	
Classrooms	Total # _____	
Other		
Staff: Secondary contact name _____ phone _____ location _____		
School Psychologists	# _____	
School Nurses	# _____	
Certificates for CPR	# _____	
Certificates for EMT or Paramedics	# _____	
Bus Drivers	# _____	
Other		
Equipment: Secondary contact name _____ phone _____ location _____		
Buses, capacity, radios	# of buses _____ capacity _____ radio frequency: no _____ yes _____ frequency _____	
Earthmoving equipment		
Other emergency equip		

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