Safety Operations Plan
2017 - 2018

Elk Grove
Appendices

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1-10-1 Campus Specific Drop off and Pick up procedures and/or map

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Confidential

Crime Assessment Cover Sheet

The Site Safety Committee will insert behind this page, except in any physically distributed versions of this document, an assessment of current status of school crime at the school campus or school-related functions.

The Site Safety Committee will review the following reports and statistics to assess possible crime rates at the school campus:
   a. Local Law Enforcement Crime Data
   b. Attendance Rates
   c. Suspension/Expulsion Data
   d. Property Damage Data
Strategies to Maintain a High Level of School Safety

The Site Safety Committee identified appropriate strategies to maintain a high level of school safety. We identified physical and social climate goals and appropriate objectives, action steps and outcomes to reach those goals.

<table>
<thead>
<tr>
<th>Safe Physical Climate Goal:</th>
<th>To maintain a safe school community.</th>
<th>Objectives</th>
<th>Action Steps</th>
<th>Resources</th>
<th>Project Lead/s</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td></td>
<td>Encourage staff to report any incidents</td>
<td>Update at Staff Meetings/email/CAT/EGPD</td>
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<td></td>
<td>Encourage staff to report any suspicious activity</td>
<td>Update at Staff Meetings/email/CAT/EGPD</td>
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<td></td>
<td>Safety Committee Self Staff</td>
<td>Information is shared via email and Staff Meetings. Incident is reported to appropriate authorities shedding more awareness to the situation.</td>
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<td></td>
<td>Be aware of lighting and its condition, especially at night.</td>
<td>Update at Staff Meetings/email</td>
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<td></td>
<td>Consistent use of wireless radio communication to report potential strangers</td>
<td>Update at Staff Meetings/email/CAT/EGPD</td>
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<td></td>
<td>Safety Committee Self Staff</td>
<td>Best Practices</td>
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<td></td>
<td>Have everyone wear badges: • Have all Visitors and Guests Sign In/Out including interviews and were a Name Badge • All Employees will wear their badges at all times</td>
<td>Maintain a sign-in/out log of visitors</td>
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<td></td>
<td>Office Staff Maintenance Staff Classroom Staff</td>
<td>Everyone is identified and accounted for</td>
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<td>Safe Physical Climate Goal:</td>
<td>Maintain a safe carline.</td>
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<td></td>
<td>Staffing both morning and afternoon carline.</td>
<td>Office staff Maintenance staff Classroom Staff</td>
<td>Admin</td>
<td>To have enough supervision to safely escort students into and out of the campus</td>
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<td></td>
<td>Parent education on safe ingress and egress</td>
<td>Office staff Classroom Staff</td>
<td>Admin</td>
<td>To mitigate potential accidents within our carline, parking lot, and city streets</td>
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<td>Student education on safe ingress and egress</td>
<td>Classroom Staff</td>
<td>Admin</td>
<td>To mitigate potential accidents within our carline, parking lot, and city streets</td>
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<td></td>
<td>Wear safety vests/use wireless radios at all times</td>
<td>Office staff Maintenance staff Classroom Staff</td>
<td>Admin</td>
<td>To mitigate potential accidents within our carline, parking lot, and city streets</td>
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<thead>
<tr>
<th>Safe Social Climate Goal:</th>
<th>Maintain playground safety.</th>
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<td>Objectives</td>
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<td>Resources</td>
<td>Project Lead/s</td>
<td>Outcomes</td>
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<td>Create and follow safe playground protocols for all play areas</td>
<td>All staff</td>
<td>Admin</td>
<td>To mitigate injury</td>
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<td></td>
<td>Create and follow boundary guidelines</td>
<td>All staff</td>
<td>Admin</td>
<td>To mitigate injury</td>
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<td></td>
<td>Staff to carry wireless radios during recess/outdoor activities</td>
<td>All playground supervising staff</td>
<td>Admin</td>
<td>To mitigate injury and/incident</td>
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<td></td>
<td>Staff to carry first aid bags during recess/outdoor activities</td>
<td>All playground supervising staff</td>
<td>Admin</td>
<td>To address any injuries in a quick and timely manner</td>
</tr>
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</table>
Strategies to Maintain a High Level of School Safety

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| Have everyone wear badges:  
  • Have all Visitors and Guests Sign In/Out including interviews and were a Name Badge  
  • All Employees will wear their badges at all times | Maintain a sign-in/out log of visitors | Office Staff Maintenance Staff Classroom Staff |  | Everyone is identified and accounted for |
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<td>Action Steps</td>
<td>Resources</td>
<td>Project Lead/s</td>
</tr>
<tr>
<td>Maintain a safe carline</td>
<td>Staffing at morning carline.</td>
<td>Office staff Parent Volunteers</td>
<td>Admin</td>
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<tr>
<td>Parent education on safe ingress and egress</td>
<td>Office staff Classroom Staff</td>
<td>Admin</td>
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<td>Student education on safe ingress and egress</td>
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<tr>
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<td>Action Steps</td>
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<td>Project Lead/s</td>
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<tr>
<td>To keep and maintain playground safety</td>
<td>Create and follow safe playground protocols for all play areas</td>
<td>All staff</td>
<td>Admin</td>
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Confidential
Campus Specific Drop-Off and Pick-Up Procedures and/or Map

Cover Sheet Only
The Site Safety Committee will insert Campus Specific drop-off and pick-up procedures and/or map behind this page, except in any publically distributed versions of this document.
Confidential
Risk Assessment Template

Cover Sheet Only
The Site Safety Committee will insert their Risk Assessment behind this page, except in any publically distributed versions of this document.

Specific information to include in your risk assessment is:

1. School Facility/Location
   a. Location of School and Neighborhood
      (Fill in information about where your school is located and describe the neighborhood your school is in. Example: CMP-AR’s current enrollment is approximately 400 Tk-8th grade students located on the Little John Elementary School Site within the San Juan Unified School District in the community of Fair Oaks. The school site is situated in a neighborhood of family homes.)

   b. Building Information
      i. [Each CMP Site will need to make this section specific to their campus. Example: CMP-AR is located on a 40-acre lot and includes four buildings (a multipurpose room, offices, and two wings of classrooms) a basketball court, a baseball field, and one staff parking lot. All classes take place in the two wings. Our school was built in [1969] by [San Juan unified school district] and is [brick and mortar, modular, etc].]

      ii. Each CMP site will need to include a map of the building annotated with after hour’s number, site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs and is reflected in Appendix 1-8. All staff members are required to know these locations as well as how to operate the utility shutoffs.

2. School Population
   a. General Population
      CMP-[AR’s] current enrollment is approximately [X] Tk-8th. These students are supported by a committed staff consisting of:
      - X Teachers
      - X Teacher Assistants
      - X Administrators
      - X Administrative Assistants
      - X Outside Services
      - X Maintenance and Custodial Staff
      - X Club M Staff
      - X Community Service Volunteers (ex: ROP)
      - X After School Enrichment Teachers

      A master schedule of where classes, grade levels, and staff are located during the day is provided to each classroom and is available in the main office. The master schedule is included with this Risk Assessment for reference.
b. Special Needs Population
   CMP is committed to the safe evacuation of students and staff with special needs.
   The special needs population includes students/staff with:
   - Limited English Proficiency
   - Blindness or Visual Disabilities
   - Cognitive or Emotional Disabilities
   - Deafness or Hearing Loss
   - Mobility/Physical Disabilities (permanent and temporary)
   - Medically Fragile Health (including asthma and severe allergies)

   The school's current enrollment of students with special needs is approximately [X]; however, this number will fluctuate. Students and/or staff may require additional assistance if they are temporarily on crutches, wearing casts, etc.
CONFIDENTIAL
Site Map of the Building

Cover Sheet Only
Each CMP site will insert behind this page, except in any publically distributed versions of this document a map of the building annotated with afterhours number/s (i.e.: landlords or districts), site spec maps, evacuation routes, shelter locations, fire alarm pull station, fire hydrants, fire extinguishers, first aid kits, hazardous material storage, and utility shutoffs. All staff members are required to know these locations as well as how to operate the utility shutoffs. If you lease your property your landlords will need to be contacted for this.
CONFIDENTIAL
Vicinity Map

Cover Sheet Only
Each CMP site will need to include a Vicinity Map behind this page, except in any publically distributed versions of this document.

This will be a Google Image of your site and surrounding area including your offsite assembly area.
CONFIDENTIAL

Site Incident Command System

Cover Sheet Only
Each Site will insert, behind this page, their Incident Command System except in any publically distributed versions of this document.
Scribe
Planning and Intelligence Team
Actions and Communications Log

Person filling out form: __________________ Date: __________________

Emergency:

Log of Emergency Developments and Response Actions

- Record the actions taken during an emergency
- Monitor incident tracking, task completion and follow-up
- Provide for information exchange between departments/agencies
- Provide a chronology of activities
- Provide legal documentation of the situation and actions taken by the site.
- Provide a means for appropriate tracking of financial commitments and expenditures (Appendix 2-12).
- Provide information which may assist in reconciling issues such as staff schedules, injuries, etc.
- Assist in improving the SERP through recommendations and revisions.
Status Board Example

OPERATIONS

Officer: ________________

Assembly Team
- Leader: ________________
- Notes: ________________

First Aid Medical Team
- Location: ________________
- Leader: ________________
- Medical Needs: ________________
- Injuries: ________________
- Deaths: ________________

Search and Rescue
- Leader: ________________
- Location of injured: ________________
- Number of injured: ________________
- Condition of injured: ________________
- Gas Leaks/Fires/Structural Damage: ________________

Fire Suppression/Hazmat
- Leader: ________________
- Damage Assessment Report Forms: ________________
- Fires: locations/exterminated: ________________
- Gas Leaks: locations/valve shut off: ________________
- Structural damage report: ________________

Psychological First Aid
- Leader: ________________
- Psychological needs: ________________

Request Gate
- Leader: ________________
- Needs: ________________

Reunion Gate
- Leader: ________________
- Support Needed: ________________
- Problems: ________________
- Status: ________________

LOGISTICS

Officer: ________________

Supplies & Equipment
- Leader: ________________
- Food and Water Status: ________________
- Sanitary Supplies: ________________
- Port-a-potties: ________________
- Special Needs: ________________
- Medicine: ________________

Security/Utilities
- Leader: ________________
- Air system shut down: ________________
- Gas shut off: ________________
- Power shut off: ________________
- Water main status: ________________
- External gates locked: ________________

FINANCE & ADMIN

Officer: ________________

Note: Be sure to note time and locations and who reported to you.
Injury and Missing Persons Report Form

School ___________________________ Room Number ____________
Teacher’s Name ______________________ Date ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Injury</th>
<th>Location</th>
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<th>Last Seen Location</th>
<th>Found</th>
<th>Time</th>
<th>Location</th>
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<thead>
<tr>
<th>Name</th>
<th>Location Found</th>
<th>Time</th>
<th>Reported</th>
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CMP Safety Operations Plan  Appendix 2-2-5: Section 2.2.3.3.1.2  12.4.15 Safety Committee/EG.cjk
Injury and Missing Persons Report Form
Injury Record Form

<table>
<thead>
<tr>
<th>School</th>
<th>Room Number</th>
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<table>
<thead>
<tr>
<th>Teacher's Name</th>
<th>Date</th>
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**Name of Injured Person:**

<table>
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<tr>
<th>Type of Injury:</th>
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<tr>
<th>Actions Taken:</th>
<th>By Whom:</th>
<th>Time:</th>
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**Notes:**

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ICH Safety Operations Plan  
Appendix 2-2-6: Section 2.2.3.3.1.2  
Injury Record Form  
12.4.15 Safety Committee/EG.cjk
**Damage Assessment Report Form**

**NOTE:** Do not enter building unless the structural evaluation has been completed and the building is designated as safe to enter.

<table>
<thead>
<tr>
<th>School/Site Name: ____________________________</th>
<th>Location/Building Code: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>District: ____________________________________</td>
<td>Date: <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Time: _<strong><strong>:</strong></strong> a.m. / p.m.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Damage Category</th>
<th>No Damage</th>
<th>Slight Damage</th>
<th>Severe Damage</th>
<th>Hazardous Condition</th>
<th>Location / Room # / Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrical</td>
<td></td>
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<tr>
<td>Natural Gas Lines</td>
<td></td>
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<tr>
<td>Water Heater/Boiler</td>
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<tr>
<td>Water</td>
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<tr>
<td>Sewer</td>
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<td>Phone</td>
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<td>Other</td>
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</tbody>
</table>

**Hazardous Materials**

| Custodial chemicals | | | | | Chemical Type/Quantity spilled or leaking: |
| Lab chemicals       | | | | | Chemical Type/Quantity spilled or leaking: |
| Asbestos             | | | | |                         |
| Lead                 | | | | |                         |
| Other                | | | | |                         |

**Physical Hazards**

| Sink Holes | | | | |       |
| Construction Areas | | | | |       |
| Damaged Bldg. Material | | | | |       |
| Broken Glass | | | | |       |
| Other        | | | | |       |
Notes: (description of trouble, location, severity or hazardous materials):


Findings

• Building or room safe for re-occupancy  □ Yes  □ No

• Building or room closed due to hazardous condition  □ Yes  □ No

• The following corrective measures need to be completed prior to re-occupancy:


[Note: Send a copy of this form to Central Administration Office and maintain the original in the emergency document file.]
## Student Release Log

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Release Time</th>
<th>Name of Person Released to</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Recommended Classroom Emergency Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Recommended Quantity</th>
<th>Quantity at Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backpack</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Flashlight</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Batteries</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Pair of scissors</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>First Aid instruction summary sheet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pad of paper (for name tags, etc.)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pen</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pencil</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Light stick</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Whistle</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sewing kit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Package of safety pins</td>
<td>1 package</td>
<td></td>
</tr>
<tr>
<td>Solar blanket</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Package of 10 gums</td>
<td>1 package</td>
<td></td>
</tr>
<tr>
<td>Package of 10 life savers</td>
<td>1 package</td>
<td></td>
</tr>
<tr>
<td>Package of plastic trash bags</td>
<td>6 packages</td>
<td></td>
</tr>
<tr>
<td>Package of small paper bags</td>
<td>2 packages</td>
<td></td>
</tr>
<tr>
<td>Package of paper cups</td>
<td>2 packages</td>
<td></td>
</tr>
<tr>
<td>Package of pre-moistened towelettes</td>
<td>1 package</td>
<td></td>
</tr>
<tr>
<td>Bottle of hydrogen peroxide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Small package of Tylenol</td>
<td>2 packages</td>
<td></td>
</tr>
<tr>
<td>Package of Tums</td>
<td>1 package</td>
<td></td>
</tr>
<tr>
<td>Ammonia inhalants</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Ziploc sandwich bags</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Box of Telfa pads</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pair of tweezers</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Box of Band-Aids</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cold packs</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2” roller bandage</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3” roller bandage</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Box of triangular bandages</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Roll of adhesive tape</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pair of disposable gloves</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Container of waterproof matches</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Box of toilet tissue</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Box of sanitary napkins</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bottle of saline solution</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Location:** Place these supplies next to primary evacuation doorway in each classroom
Recommended School Emergency Supplies

[Suggested quantities are for 100 people for a period of 72 hours.
Packaged food recommended i.e. power bars and nut free alternatives.]

<table>
<thead>
<tr>
<th>Type</th>
<th>Item</th>
<th>Recommended Quantity</th>
<th>Quantity at Hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Raisins – boxed and dated</td>
<td>20 lbs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large canned beans – dated</td>
<td>20 cans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large mixed fruit or fruit – dated</td>
<td>60 cans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large peanut butter</td>
<td>20 tubs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crackers</td>
<td>2 cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canned fruit juice</td>
<td>2 cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sugar cubes</td>
<td>4 boxes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can opener</td>
<td>several</td>
<td></td>
</tr>
</tbody>
</table>

Packaged food is recommended i.e. power bars and nut free alternatives. Classroom safety kits include a majority of what you will need. In addition to the kits see below:

<table>
<thead>
<tr>
<th>Rescue Team Member</th>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Pack</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Helmet</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Orange Vest</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Goggles</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Boots</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Heavy Clothing</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Flashlight</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Extra Batteries</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Personal First Aid Kit</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Water and Paper Cups</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Whistle</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Marker Pens</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Fire Extinguisher 3-A:40-B:C</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Pry Bars 36 and 66 Inches Long</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Axes</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sledge Hammer 5-8 lb.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Pocket Knife</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Duct Tape</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Utility Shutoff Tools</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Note Pad and Pen</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Cyalume Sticks</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Walkie-Talkie</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Type</td>
<td>Item</td>
<td>Recommended Quantity</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>First Aid</td>
<td>First Aid Manual (Red Cross, up-to-date)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
<td>4 bottles</td>
</tr>
<tr>
<td></td>
<td>Alcohol prep (100 count)</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Aluminum foil – 18 inches wide</td>
<td>4 rolls</td>
</tr>
<tr>
<td></td>
<td>Antibiotic solution (betadyne)</td>
<td>4 bottles</td>
</tr>
<tr>
<td></td>
<td>Aromatic spirits of ammonia (10 count)</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Band-Aids – assorted sizes</td>
<td>8 boxes</td>
</tr>
<tr>
<td></td>
<td>Bandages: ACE wrap, Kerlix, Kling or other</td>
<td>4 boxes each</td>
</tr>
<tr>
<td></td>
<td>conforming bandage of several widths (2, 3,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4, 6 inch)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bandage scissors – blunt nose type</td>
<td>9 pairs</td>
</tr>
<tr>
<td></td>
<td>Bandage, triangular – 36 x 40 x 55 inch</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Basin, emesis – disposable</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Blankets – space or disposable</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>Blood pressure cuff with manometer</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Burn sheets – sterile, disposable</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Cervical collar – small, medium &amp; large</td>
<td>4 each</td>
</tr>
<tr>
<td></td>
<td>Cotton balls – unsterile</td>
<td>4 large packages</td>
</tr>
<tr>
<td></td>
<td>Disinfectant – hand washing</td>
<td>4 gallons</td>
</tr>
<tr>
<td></td>
<td>Dressings – 2x2’s, 3x3’s &amp; 4x4’s sterile</td>
<td>4 boxes each</td>
</tr>
<tr>
<td></td>
<td>Dressings – 5x9’s &amp; 8x10’s sterile</td>
<td>4 boxes each</td>
</tr>
<tr>
<td></td>
<td>Dressings – eye pad, oval sterile</td>
<td>15 boxes</td>
</tr>
<tr>
<td></td>
<td>Dressings – Vaseline gauze 3x36 inch sterile</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Ippecac</td>
<td>4 bottles</td>
</tr>
<tr>
<td></td>
<td>Kleenex</td>
<td>10 boxes</td>
</tr>
<tr>
<td></td>
<td>Marking pens – for all surfaces</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Needles – for removing splinters &amp; glass</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Note pads</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Pack – cold Temp-Aid</td>
<td>1 case</td>
</tr>
<tr>
<td></td>
<td>Paper cups</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Pack – hot Temp-aid</td>
<td>1 case</td>
</tr>
<tr>
<td></td>
<td>Paper bags</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Paper towels</td>
<td>4 cases</td>
</tr>
<tr>
<td></td>
<td>Pencils or ball point pens</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Petroleum jelly</td>
<td>4 large jars</td>
</tr>
<tr>
<td></td>
<td>Pitcher or jar with cover – can be used as a</td>
<td>4 one quart size</td>
</tr>
<tr>
<td></td>
<td>measuring device</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q-tip swabs</td>
<td>6 packages</td>
</tr>
<tr>
<td></td>
<td>Safety pins – assorted sizes</td>
<td>6 packages</td>
</tr>
<tr>
<td></td>
<td>Saline</td>
<td>4 boxes</td>
</tr>
<tr>
<td>Type</td>
<td>Item</td>
<td>Recommended Quantity</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td>1 tsp. per quart sterile water = normal saline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanitary napkins – can be used for heavy bleeding wounds</td>
<td>2 cases</td>
</tr>
<tr>
<td></td>
<td>Spine board – long and short</td>
<td>2 each</td>
</tr>
<tr>
<td></td>
<td>Splints – inflatable, boards, magazines or other</td>
<td>Several sets</td>
</tr>
<tr>
<td></td>
<td>Standard surgical gloves – medium and large</td>
<td>4 boxes</td>
</tr>
<tr>
<td></td>
<td>Table</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Thermometer – oral – Tempa-dot, disposable</td>
<td>4 boxes each</td>
</tr>
<tr>
<td></td>
<td>Toilet tissue</td>
<td>4 cases</td>
</tr>
<tr>
<td></td>
<td>Tongue depressors</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Towelettes – moist</td>
<td>15 boxes</td>
</tr>
<tr>
<td></td>
<td>Treatment log</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Triage tags (from Office of Emergency Services)</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>Tweezers – large</td>
<td>9 pairs</td>
</tr>
<tr>
<td></td>
<td>Tylenol (15 grains)</td>
<td>6 bottles</td>
</tr>
<tr>
<td></td>
<td>Water purification tablets or</td>
<td>4 bottles</td>
</tr>
<tr>
<td></td>
<td>Household bleach (6 drops in 1 gallon of water)</td>
<td>2 gallons</td>
</tr>
<tr>
<td></td>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blankets</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Large battery operated radio with batteries</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Heavy duty flashlights with batteries &amp; bulbs</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Whistles (for communicating w/ stakeholders)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Clipboards</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ink pens</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Medium garbage bags (40 count)</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Large 3-ply garbage bags (20 count)</td>
<td>4 packages</td>
</tr>
<tr>
<td></td>
<td>Plastic buckets – 5 gallon</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Pads of paper</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Scotch tape</td>
<td>4 rolls</td>
</tr>
<tr>
<td></td>
<td>Bed sheet strips (use as optional bandages)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Plastic cups (100 count)</td>
<td>6 packages</td>
</tr>
<tr>
<td></td>
<td>Paper plates (100 count)</td>
<td>6 packages</td>
</tr>
<tr>
<td></td>
<td>Plastic spoons, knives and forks (100 count)</td>
<td>6 packages</td>
</tr>
<tr>
<td></td>
<td>Can openers – manual</td>
<td>5</td>
</tr>
</tbody>
</table>

**Other – Site Specific Needs**
Financial / Administration Officer
Emergency Developments & Response Actions Log

Person filling out form: __________________________ Date: __________________________

Emergency:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________
Finance / Administration Officer

Financial Expenditures Tracking

<table>
<thead>
<tr>
<th>Date</th>
<th>Purchase Description</th>
<th>Amount</th>
<th>SACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/14</td>
<td>COSTCO - bandaids</td>
<td>$6.99</td>
<td>62-0000-0-0000-0000-0000-0000</td>
</tr>
</tbody>
</table>

Total

$ -
**Biological and Chemical Release Response Checklist**

| Have students and staff been evacuated from area of contamination? | Yes | No | Note |
| Have all students and staff been accounted for? | | | |
| Has the area of contamination been cordoned off and secured? | | | |
| Has the area of contamination been affixed with conspicuous signs reading: “DO NOT ENTER”? | | | |
| Have the doors and windows to the area of contamination been closed and locked? | | | |
| Have fans and ventilators serving the area of contamination been turned off? | | | |
| Has staff, students, or other personnel who came in contact with the area of contamination cleaned their hands with soap and water? | | | |

Other:

Completed by ____________________________

Date ____________________________
Bomb Threat Report

School ________________________________________________

Date of Call ____________  Time of Call __________________________ a.m. _____ p.m. _____

Call Received by ____________________________________________

Location ___________________ (Phone Number) ___________________

The person answering the threat call should ask the following questions and record the answers below:

When is the bomb going to explode? ____________________________ a.m. _____ p.m. _____

Where is it? ________________________________________________

What will cause it to explode? _________________________________

What kind of bomb? _________________________________________

Why are you doing this? ____________________________________

Who are you? _____________________________________________

What can we do for you to avoid the bomb from exploding?

How can you be contacted? _________________________________

Record the exact language of the threat:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Voice on the Phone:  Man ( )  Woman ( )  Child ( )  Age __________

Intoxicated ( )  Accent ( )  Speech Impediment ( )

Other ( )

Background Noise:

Music ( )  Talking ( )  Children ( )  Machines ( )

Airplane ( )  Typing ( )  Traffic ( )

Other ( )

Completed by ______________________________________________

Date ________________________________

[Note: Send a copy of this form to Local Sheriff and maintain the original in the emergency document file]
Food or Water Contamination Report Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Symptoms</th>
<th>Food or Water suspected to be contaminated</th>
<th>Quantity Consumed</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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### Emergency Drill Record

**School**

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CONFIDENTIAL
School Personnel Emergency Contact Numbers

Cover Sheet Only
Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.
CONFIDENTIAL
External Emergency Phone Numbers Template

Cover Sheet Only
Insert School Personnel Emergency Contact Numbers behind this page, except in any publically distributed versions of this document.

<table>
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<th>School Name</th>
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<tbody>
<tr>
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<td>School Phone</td>
<td>Location Code</td>
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<tr>
<td>District</td>
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<tr>
<td>Name</td>
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<tr>
<td>Principal</td>
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<td>Dean of Students</td>
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<td>Administrative Assistants</td>
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<td>Office of School Operations</td>
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<td>Public Information Officer</td>
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<th>Emergency Numbers</th>
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<tr>
<td>Emergency (Sheriff, Fire &amp; Medical Emergencies)</td>
<td>911</td>
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<tr>
<td>Emergency for cell phone users</td>
<td>916-874-5111</td>
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<tr>
<td>Sacramento Police Department</td>
<td>911 or 916-732-0100</td>
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<tr>
<td>California Poison Control System</td>
<td>800-222-1222</td>
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## Non-Emergency Numbers

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<tr>
<th>Service</th>
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<tr>
<td>Sheriff: Sacramento County</td>
<td>916-874-5115</td>
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<tr>
<td>Sheriff: Yolo County</td>
<td>530-666-8282</td>
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<tr>
<td>California Highway Patrol</td>
<td>916-861-1300</td>
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<tr>
<td>Sac Metro Fire Department</td>
<td>916-859-4300</td>
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<tr>
<td>City of Sacramento Fire Dept.</td>
<td>916-808-1300</td>
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<table>
<thead>
<tr>
<th>Location</th>
<th>Fire</th>
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<tr>
<td>Elk Grove</td>
<td>916-405-7100</td>
<td>916-714-5115</td>
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<td>(Cosumnes CSD)</td>
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<tr>
<td>Rancho Cordova</td>
<td>916-859-4300</td>
<td>916-362-5115 (Sheriff)</td>
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<td>Sacramento</td>
<td>916-808-1300</td>
<td>916-264-5471</td>
</tr>
<tr>
<td>West Sacramento</td>
<td>916-617-4600</td>
<td>916-372-3375</td>
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<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Citrus Heights</td>
<td>Emergency: 916-726-3015</td>
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<td>Non-Emergency:</td>
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<td>916-726-2499</td>
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<td>916-727-5500</td>
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<td>City/County Information</td>
<td>Phone Numbers</td>
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<tr>
<td><strong>City of Sacramento</strong></td>
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<tr>
<td>Animal Control - Front Street 916-808-7387 <a href="http://www.saccountyshrter.net">www.saccountyshrter.net</a></td>
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<tr>
<td>Animal Control - Florin-Perkins Rd 916-383-7387 <a href="http://www.cityofsacramento.org">www.cityofsacramento.org</a></td>
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<td>Animal Control - Citrus Heights 916-727-4708</td>
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<td>Storm Drains - Sac County 916-875-7246</td>
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<td>Storm Drains - Sac County After Hours 916-875-5000</td>
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<td>Automobiles: Abandoned Vehicle Complaints 311 or 916-264-5011</td>
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<td>Fire Department 916-228-3000</td>
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<td>Fire - Fire Response Requested 916-228-3035</td>
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<tr>
<td>Office of Emergency Services 916-808-1300</td>
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<td>Community Emergency Response Team 916-808-1363</td>
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<td>Police - Police Response Requested 916-264-5471</td>
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<td>Police Departments - North Area 916-808-6402</td>
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<td>Police Departments - South Area 916-808-6001</td>
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<td>Utilities Department Emergencies (Evening, Weekends, &amp; Holidays) 311 or 916-264-5011</td>
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<td>Flood Control or Flooding 311 or 916-264-5011</td>
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<td>Leaks or broken pipes 311 or 916-264-5011</td>
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<td>Sewers 311 or 916-264-5011</td>
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<tr>
<td>Storm Drains 311 or 916-264-5011</td>
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<tr>
<td>Water 311 or 916-264-5011</td>
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<tr>
<td><strong>City of West Sacramento</strong></td>
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<td>Police: Non-Emergency Dispatch 916-372-3375</td>
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<td>Public Works Department: Road, Sewer &amp; Water Emergency 916-617-4850 916-372-3375</td>
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<td>Public Works Department: Water Quality Concerns 916-617-4860</td>
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<td><strong>Sacramento County</strong></td>
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<tr>
<td>Animal Control - Front Street 916-808-7387 <a href="http://www.saccountyshrter.net">www.saccountyshrter.net</a></td>
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<tr>
<td>Animal Care &amp; Regulation 311 916-368-7387</td>
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<td>Stray, loose, dead or nuisance animals 916-875-4311</td>
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<td>Child Protective Services 24 Hour line 916-875-5437</td>
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<td>Emergency Services Sacramento Office of Disaster: Planning and Coordination 916-874-4670</td>
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<td>Environmental Management Department: Hazardous Materials General Info 916-875-8550 916-875-5000 (Emergency #)</td>
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<td>Fire Department: Sac Metro (24 hour non emergency) 916-228-3035</td>
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<td>Flooding 916-875-7246</td>
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<td>Health &amp; Human Services: 916-875-6091</td>
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<td>Child Protective Services 24 Hour Line 916-875-5437</td>
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<td>Sacramento Area Flood Control Agency 916-874-7606</td>
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<tr>
<td>Sacramento Area Sewer District 24 Hour line 916-875-6730</td>
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## Utilities / Other

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<tr>
<th>Utility</th>
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<tr>
<td>Air Quality Management District</td>
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<td>Pacific Gas and Electric</td>
<td><a href="http://www.airquality.org/">http://www.airquality.org/</a></td>
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<td>24 Hour Emergency Service</td>
<td>800-743-5000</td>
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<td>24 Hour Information on Electric Outages</td>
<td>800-743-5002</td>
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<td>Road Conditions (Cal Trans)</td>
<td>800-427-7623</td>
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<tr>
<td>Sacramento Suburban Water District</td>
<td>916-972-7171</td>
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<td>SMUD (Sacramento Municipal Utility District)</td>
<td>888-456-7683</td>
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<td>No Power – Service Problems – 24 Hours</td>
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## Hospitals / Medical Facilities

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<tr>
<th>Facility</th>
<th>Address</th>
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<tbody>
<tr>
<td>Kaiser Roseville</td>
<td>1600 Eureka Road Roseville, CA 95661</td>
<td>General Info: 916-784-4000</td>
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<tr>
<td>Kaiser Sacramento</td>
<td>2025 Morse Ave Sacramento, CA 95825</td>
<td>General Info: 916-973-5000</td>
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<tr>
<td>Kaiser South Sacramento</td>
<td>6600 Bruceville Road Sacramento, CA 95823</td>
<td>General Info: 916-688-2000</td>
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<tr>
<td>Med 7 Urgent Care</td>
<td>4156 Manzanita Ave, Carmichael, CA 95608</td>
<td>General Info: 916-426-4962</td>
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<tr>
<td>Mercy General Hospital</td>
<td>4001 J Street Sacramento, CA 95819</td>
<td>General Info: 916-453-4545</td>
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<td>Mercy Hospital of Folsom</td>
<td>1650 Creekside Drive Folsom, CA 95630</td>
<td>General Info: 916-983-7400</td>
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<td>Mercy San Juan</td>
<td>6501 Coyle Avenue Carmichael, CA 95608</td>
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<td>Methodist Hospital of Sacramento</td>
<td>7500 Hospital Drive Elk Grove, CA 95823</td>
<td>General Info: 916-689-9000</td>
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<td>Sutter General Hospital</td>
<td>2820 L Street Sacramento, CA 95816</td>
<td>General Info: 916-454-2222</td>
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<tr>
<td>Sutter Roseville Medical Center (Level 2 Trauma Center)</td>
<td>1 Medical Plaza Drive Roseville, CA 95661</td>
<td>General Info: 916-781-1000</td>
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<td>Other: 916-781-4042</td>
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<tr>
<td>Sutter Health 24 Hour Crisis Response Line</td>
<td>800-801-3077</td>
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<tr>
<td>UC Davis Medical Center</td>
<td>2315 Stockton Blvd. Sacramento, CA 95817</td>
<td>General Info: 916-734-2011</td>
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# Staff Training Log

Campus

Type of Training

Presenter

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<th>Time</th>
<th>Attendee’s Signature</th>
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Incident Summary Report

The following items should be included in an Incident Summary Report and submitted to the CMP Safety Coordinator within 7 days of the incident.
- Compile a brief description of facts caused by the emergency.
- Provide an explanation of the site's approach to addressing the emergency.
- Create a timeline of when events occurred, individuals/agencies were informed, aid was provided, and information was delivered to stakeholders.
- Assess the extent of the damage caused by the emergency and compose a statement about the site's profile after the emergency.
- Include minutes and notes taken from any meetings that were help in relation to the incident.
- Include a copy of all documentation recorded on the incident.

Person filling out form: ____________________________ Date: ____________________________

Emergency: ____________________________

Team: ____________________________

Names: ____________________________