

Quarter _____

EVACUATION DRILL

| Program | Date Completed: | | |
|---|---------------------------------------|--------------|--------------|
| Number of Children | Front Door time | minutes | seconds |
| Number of Staff | Rear Door time | minutes | seconds |
| Time Begun | | | |
| Time Completed | | | |
| Comments/Concerns: | | | |
| | | | |
| | | | |
| The children from the outlined in the procedures at least twice on th | | | |
| bus. | | | |
| | | | |
| LT/HVT/TA | Transportation Specialis | st | |
| PLEASE RETURN THIS FORM TO THE TRA ON SITE AND WITH THE CHILD HEALTH A | | Y IS TO B | E MAINTAINED |
| Emergency Exits | | | |
| *To comply with State Motor Vehicle Codes, a working condition. | all emergency exits must be checked a | and found to | o be in good |
| Bus # | Y | ES | NO |
| Emergency door opens and closes easily? | | | |
| Emergency door buzzer works? | | | |
| Emergency window(s) or roof hatch opens an | d closes easily? | | |
| Emergency window(s) or roof hatch buzzer w | orks? | | |
| | | | |

Signed _____

Date _____