

**Arizona School Emergency Response Plan
Minimum Requirements Checklist
September 2006**

Use this checklist to determine if your emergency response plan complies with Arizona requirements. The elements of the minimum requirements are listed below. Your plan must contain each listed element to be in compliance. This checklist can assist you in conducting your annual review. The page numbers in parenthesis indicate the page of the September 2006 Arizona School Emergency Response Plan Template where the particular requirement can be found. Compliance with the National Incident Management System (NIMS) has been added to the requirements.

Y	N	UNK	NIMS COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The school site and district have adopted the Incident Command System (ICS) as the management system to be used to manage emergencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All personnel assigned responsibilities within the ICS structure have completed the FEMA Independent study courses, IS 100, IS 200 and IS 700
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The site emergency response plan conforms to the formatting of the Arizona School Emergency Response Plan Template that can be downloaded at: http://www.ade.az.gov/schooleffectiveness/health/schoolsafety/safetyplans/SitePlan.doc
Y	N	UNK	INTRODUCTION:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table of contents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approval statement and dated signatures of principal, appropriate district official and emergency response organizations
Y	N	UNK	PURPOSE:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the purpose of the emergency response plan
Y	N	UNK	SITUATION:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the size and location of your facility in acres and the number, general size, and use of each of the buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the number of students and employees normally on hand, and any scheduled daily differences in population
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete a hazard analysis of the school grounds, buildings and surrounding community to identify any natural or human related hazards
Y	N	UNK	DIRECTION AND CONTROL:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create an Incident Command System (ICS) for your site which will include a chain of command and alternates to implement and carry out the plan. At a minimum include the following: 1. Incident Commander, 2. Public Information Officer, 3. Safety Officer, 4. Liaison Officer and 5. Operations Section
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designate primary and alternate on-site and off-site Command Post locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify persons, by title and agency, who will be notified during an emergency

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe the warning signals or commands that alert staff and students to emergency responses; 1. Evacuation 2. Reverse evacuation 3. Lockdown/Shelter in place	No Code Words
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designate primary and alternate evacuation routes and assembly areas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designate primary and alternate on and off-site relocation sites and other necessary sites (and how students/staff would be moved or transported)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe how disabled and/or non-English-speaking children will be provided for	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a resource inventory of emergency items available - communication equipment, first aid, medical, fire fighting equipment, lighting, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post a Classroom Emergency Response Guide in each room or assembly area for student and staff	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each school should have a battery powered radio in case of power failure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop procedures for off campus emergencies (field trip, bus, etc...)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop student/parent reunification procedures	
Y	N	UNK	PLAN DEVELOPMENT AND MAINTENANCE:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide an annual review of plan, attachments, responses, and needs. Update whenever necessary	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invite community, outside agencies (<i>fire, law enforcement, emergency management and county health department are required</i>) to assist in plan development, training, exercises, and revision	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct annual training of all staff regarding warning/response signals, evacuation routes, assembly areas, emergency procedures, and chain of command (ICS)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually review your Incident Command System with staff and train those who have assigned responsibilities	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twice annually practice each of the listed emergency response drills with students and staff 1. Reverse evacuation 2. Lockdown or Shelter in place 3. Evacuation (one fire drill per year can count towards this requirement)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One school district employee will participate in multi-hazard crisis training annually (ARS 15-341 A. 35)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overview of plan explained and distributed to parents	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schools will send a copy of their plan to be on file in the district office	
Y	N	UNK	APPENDICES AND ATTACHMENTS:	

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ICS structure and responsibilities
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Student roster with parent phone numbers
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Master schedule
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Faculty/staff roster with emergency phone numbers
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Community emergency numbers, e.g. 1. General emergency number - 911 2. Ambulance 3. Poison Control Center 4. Local hospital 5. Police Dept/Sheriff/State Police 6. Fire Dept
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Map of evacuation route(s) and assembly areas, student release gate, command post(s)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Site plan or blueprint of the facility and floor plan(s) of the building(s) showing location of water and gas shut off points, heat plants, boilers, generators, flammable liquid storage, other hazard materials storage, fire fighting equipment placement, first aid facilities, exits, etc.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lists with the name, title, address, telephone number, and organizational responsibilities for emergency operations
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sample statements/letters for use in notifying faculty, students, parents, and media about emergency
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Student accountability/release forms

Area	Comments

Site name/District/County:

Site Review		County Public Health Review	
Date:	Name/Title/Signature:	Date:	Name/Title/Signature:
District Review		Law Enforcement Review	
Date:	Name/Title/Signature:	Date:	Name/Title/Signature:
County Emergency Management Review		District Governing Board	
Date:	Name/Title/Signature:	Date:	Name/Title/Signature:
State Review			
Date:	Name/Title/Signature:	Date:	Name/Title/Signature: