

COLLEGE OF SOUTHERN IDAHO HEAD START / EARLY HEAD START

EMERGENCY EVACUATION DRILL CHECK LIST

DRIVER'S NAME _____

CENTER _____

ITEMS TO CHECK OFF	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
PULL OFF ROAD IN A SAFE LOCATION									
TURN ON EMERGENCY FLASHERS									
SET PARK BRAKE									
TURN OFF ENGINE									
EVALUATE SITUATION									
CHECK FOR INJURIES									
COMMUNICATE									
CALL CENTER									
CHECK ALL EXITS									
BLOCKAGE/DAMAGE									
BUS MONITOR POSITION ASSIGNED									
DIRECT CHILDREN TO PROPER EXIT AND THEN EXIT									
CHECK BUS FOR CHILDREN									
REMOVE EMERGENCY EQUIPMENT AND EMERGENCY CARDS									
ACCOUNT FOR CHILDREN ADMINISTER FIRST AID									
SPECIAL NEEDS REVIEW									
TYPE OF EVACUATION (FRONT/REAR/SIDE)									
DOCUMENT ON MILEAGE SHEET									

Unit Number _____

Class Days Tue / Wed Thur / Friday
(Please Circle One)

Drivers Signature

Supervisor Signature