

District: Township of Union

Month of: January 2013

SCHOOL NAME	DRILL TYPE	OCCUPANTS INVOLVED	DATE & TIME
<i>Battle Hill School</i>	<i>Test of Schools PA System</i>	<i>All</i>	<i>1-7-13 10 AM</i>
<i>Connecticut Farms School</i>	<i>Test of Emergency Notifications</i>	<i>All</i>	<i>1-8-13 1030 AM</i>
<i>Washington School</i>	<i>Test of Schools PA System</i>	<i>All</i>	<i>1-7-13 105 PM</i>
<i>Hamilton School</i>	<i>Test of Emergency Notifications</i>	<i>All</i>	<i>1-8-13 1000 AM</i>
<i>Franklin School</i>	<i>Test of Emergency Notifications</i>	<i>All</i>	<i>1-9-13 915 AM</i>
<i>Livingston School</i>	<i>Test of Schools PA System</i>	<i>All</i>	<i>1-9-13 1045 AM</i>
<i>Hannah Caldwell School</i>	<i>Test of Emergency Notifications</i>	<i>All</i>	<i>1-9-13 1030 AM</i>
<i>Burnet Middle School</i>	<i>Test of Schools PA System</i>	<i>All</i>	<i>1-10-13 1 PM</i>
<i>Kawameeh Middle School</i>	<i>Test of Schools PA System</i>	<i>All</i>	<i>1-10-13 1030 AM</i>
<i>Union High School</i>	<i>After School Lockdown</i>	<i>All</i>	<i>1-7-13 330 PM</i>

DRILL TYPE:

OCCUPANTS:

- ACTIVE SHOOTER
STUDENTS/STAFF/FACULTY
- EVACUATION (non-fire)
TEAM MEMBERS
- BOMB THREAT
- LOCKDOWN

STAFF and/or CRISIS

*PLEASE COMPLETE THIS FORM BEFORE THE 5th OF EACH MONTH & EMAIL MARY JANE SHEEHAN AT MARYJANE.SHEEHAN@DOE.STATE.NJ.US

CONFIRMATION OF SCHOOL BUS EMERGENCY EXIT DRILLS

**Return to: UNION COUNTY EDUCATIONAL SERVICES COMMISSION
C/O Transportation Department
45 Cardinal Drive
Westfield, New Jersey 07090**

After completion of the emergency exit drills, please complete this form for **EACH ROUTE** and forward to the above address.

SCHOOL NAME: Hannah Caldwell School
ADDRESS: 1120 Commerce Ave Union
TELEPHONE NO: (908) 206-6100 ROUTE NO.: CS-477-Union
VEHICLE NO./LICENSE PLATE NO.: S2 M470

Name and Title of person conducting the drill:
NAME: Dr. Anthony Lentini, Sr TITLE: Principal

Name of bus driver assisting in drill:
NAME: Narendra Chand DRIVER'S LICENSE NO.: C3179-58172-11683

Fire Extinguisher yes First Aid Kit yes
Emergency #'s For Students yes DATE DRILL CONDUCTED: 1/17/13

CONTRACTOR: NJ Lucky Tours

Signature of Principal: [Signature] Date: 1/17/13

This form should be returned to the office of the Union County Educational Services Commission, by May 1, 2013.

BUS DRIVER EMERGENCY EXIT SURVEY

Bus Driver Name: Narendra Chand
Bus Company: NJ Lucky Tours
Date: 4/17/13

1. Do you know how to use the wheelchair lift in case of a power failure?

NA

2. Do you know how to release each student's wheelchair seat belt?

NA

3. Do you know how to release the shoulder straps or support vests of the students you transport?

NA

4. Do you know how to release foot straps, if needed, on the students in wheelchairs?

NA

5. Do you know how to remove the lap trays on the wheelchairs of the students you transport?

NA

6. Have you been provided training on lifting students from their wheelchairs and removing them from a bus in case of an emergency?

yes.

7. Do all bus personnel and students know where belt cutters are located?

yes,

8. Would you like instructions from our therapy staff on any of the above issues?

No.

CONFIRMATION OF SCHOOL BUS EMERGENCY EXIT DRILLS

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C/O Transportation Department
45 Cardinal Drive
Westfield, New Jersey 07090**

After completion of the emergency exit drills, please complete this form for **EACH ROUTE** and forward to the above address.

SCHOOL NAME: Hannah Caldwell School

ADDRESS: 1120 Commerce Ave Union

TELEPHONE NO: (908) 206-6100 ROUTE NO.: CS-73 - Union

VEHICLE NO./LICENSE PLATE NO.: S1P481

Name and Title of person conducting the drill:

NAME: William Cerasuolo TITLE: Driver

Name of bus driver assisting in drill:

NAME: William Cerasuolo DRIVER'S LICENSE NO.: C45907858210542

Fire Extinguisher First Aid Kit

Emergency #'s For Students yes DATE DRILL CONDUCTED: 1-11-13

CONTRACTOR: Borga Bus Co.

Signature of Principal: _____ Date: _____

This form should be returned to the office of the Union County Educational Services Commission, by May 1, 2013.

BUS DRIVER EMERGENCY EXIT SURVEY

Bus Driver Name: William Cirasulo

Bus Company: Breeze Bus Co.

Date: 1-11-13

1. Do you know how to use the wheelchair lift in case of a power failure? *yes*
2. Do you know how to release each student's wheelchair seat belt? *yes*
3. Do you know how to release the shoulder straps or support vests of the students you transport? *yes*
4. Do you know how to release foot straps, if needed, on the students in wheelchairs? *yes*
5. Do you know how to remove the lap trays on the wheelchairs of the students you transport? *yes*
6. Have you been provided training on lifting students from their wheelchairs and removing them from a bus in case of an emergency? *no*
7. Do all bus personnel and students know where belt cutters are located? *yes*
8. Would you like instructions from our therapy staff on any of the above issues? *no*