

SCHOOL SECURITY DRILL NOTIFICATION

District: Union

Month of December 2016

SCHOOL NAME	DRILL TYPE	OCCUPANTS INVOLVED	DATE & TIME
Burnet MS	Evacuation(non-fire) to other location	Entire student body and staff	9/26/16 8:30 am
Burnet MS	Active shooter	Entire student body and staff	10/13/16 9:03 am
Burnet MS	Shelter In Place	Entire student body and staff	11/22/16 12:54
Burnet MS	Bomb Threat: shelter in place	Entire student body and staff	12/15/16 9:38 am
Burnet MS			
Burnet MS			
Burnet MS			
Burnet MS			
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SCHOOL SECURITY DRILL NOTIFICATION

District: Township of Union

Month of: December 2016

SCHOOL NAME	DRILL TYPE	OCCUPANTS INVOLVED	DATE & TIME
Union High School	A Bomb Threat phoned into the Main Office. This drill will evaluate the call takers response, the class to class verbal notification and the search team's pattern.	Entire Building including principal, administration, security if assigned to building, head custodian and search teams.	12-15 930 AM
Burnet Middle School	"	"	12-15 930 AM
Kawameeh Middle School	"	"	12-13 1035 AM
Jefferson School	"	"	12-13 10 AM
Battle Hill School	"	"	12-8 2 PM
Connecticut Farms School	"	"	12-15 930 AM
Livingston School	"	"	12-8 1030 AM
Washington School	"	"	12-12 10 AM
Franklin School	"	"	12-14 935 AM
Hannah Caldwell School	"	"	12-8 930 AM
Hamilton School- Supervisors Bldg.			
BOE Admin. Bldg.			

DRILL TYPE:

- ACTIVE SHOOTER
- EVACUATION (non-fire)

OCCUPANTS:

- STUDENTS/STAFF/FACULTY
- STAFF and/or CRISIS TEAM MEMBERS

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: KAWAMEEN MIDDLE SCHOOL
ADDRESS: 490 DAVID TELL. UNION NJ 07083
TELEPHONE NO.: 908-851-6570 ROUTE NO.: C3427
VEHICLE NO./LICENSE PLATE NO.: S2N738

Name and Title of person conducting the drill:

NAME: _____ TITLE: _____

Name of bus driver assisting in drill:

NAME: SANETTE NOZAIK DRIVER'S LICENSE NO.: NO 976-600051751

Fire Extinguisher _____

Emergency #'s For Students _____ DATE DRILL CONDUCTED: _____

TIME DRILL CONDUCTED: _____

CONTRACTOR: BROCK TRANSPORT LLC

Signature of Principal: Sanette Nozai Date: 12/8/2016
[Signature] 12/8/16

This form should be returned to the office of the Union County Educational Services Commission, by MAY 1, 2017.

BUS DRIVER EMERGENCY EXIT SURVEY

Bus Driver Name:

Sanette Naraire

Bus Company:

B. R. C. K. Transport Inc

Date:

12/8/2016

1. Do you know how to use the wheelchair lift in case of a power failure?
2. Do you know how to release each student's wheelchair seat belt?
3. Do you know how to release the shoulder straps or support vests of the students you transport?
4. Do you know how to release foot straps, if needed, on the students in wheelchairs?
5. Do you know how to remove the lap trays on the wheelchairs of the students you transport?
6. Have you been provided training on lifting students from their wheelchairs and removing them from a bus in case of an emergency?
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?

CONFIRMATION OF SCHOOL BUS EMERGENCY EXIT DRILLS

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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: KANAMEEH MIDDLE SCHOOL
ADDRESS: 490 DAVID TERR. UNION NJ 07083
TELEPHONE NO: 908-851-6570 ROUTE NO.: CS 375
VEHICLE NO./LICENSE PLATE NO.: #14 S2S943

Name and Title of person conducting the drill:

NAME: Julie Patrone TITLE: MANAGER

Name of bus driver assisting in drill:

NAME: Raymond Dunto DRIVER'S LICENSE NO.: D63796430004762

Fire Extinguisher Yes

Emergency #'s For Students Yes DATE DRILL CONDUCTED: 12/9/16
TIME DRILL CONDUCTED: 7:20AM

CONTRACTOR: Bugs Bee Transportation

Signature of Principal: [Signature] Date: 12/12/16

This form should be returned to the office of the Union County Educational Services Commission, by MAY 1, 2017.

BUS DRIVER EMERGENCY EXIT SURVEY

Bus Driver Name: Raymond Donato

Bus Company: Buzzy Bee Transportation

Date: 12/9/16

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

N/A

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

N/A

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?

N/A

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

N/A

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

N/A

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

SCHOOL NAME: KAWAMEEH MIDDLE SCHOOL
ADDRESS: 490 DAVID TELLER UNION NJ 07083
TELEPHONE NO: 908-851-6570 ROUTE NO.: CS427
VEHICLE NO./LICENSE PLATE NO.: S2N738

Name and Title of person conducting the drill:

NAME: _____ TITLE: _____

Name of bus driver assisting in drill:

NAME: SINETTE NAZARE DRIVER'S LICENSE NO.: No 976-600051751

Fire Extinguisher _____

Emergency #'s For Students _____ DATE DRILL CONDUCTED: _____

TIME DRILL CONDUCTED: _____

CONTRACTOR: BBCI TRANSPORT LLC

Signature of Principal: SINETTE NAZARE Date: 12/8/2016
JML 12/8/16

This form should be returned to the office of the Union County Educational Services Commission, by MAY 1, 2017.

BUS DRIVER EMERGENCY EXIT SURVEY

Bus Driver Name: Zanette Nalairé
Bus Company: B. R. C. K Transport Inc
Date: 12/8/2016

1. Do you know how to use the wheelchair lift in case of a power failure?
2. Do you know how to release each student's wheelchair seat belt?
3. Do you know how to release the shoulder straps or support vests of the students you transport?
4. Do you know how to release foot straps, if needed, on the students in wheelchairs?
5. Do you know how to remove the lap trays on the wheelchairs of the students you transport?
6. Have you been provided training on lifting students from their wheelchairs and removing them from a bus in case of an emergency?
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?