SCHOOL BUS EVACUATION DRILLS

| Bus Number |
|---|
| Date Drill was Completed |
| Did you have students help as aides? |
| If so, please list student aide names |
| |
| List all of the building locations of your drills |
| |
| Was anyone injured during this exercise? Please give details. Please also list names of the building personnel to whom you reported the accident. |
| |
| |
| |
| Thank You! |
| Signature |