

EMERGENCY EVACUATION DRILL AND CHECK LIST

DRIVER'S NAME _____

DISTRICT _____

ITEM	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 DISPATCH)								
CHECK ALL EXITS (BLOCKAGE/DAMAGE)								
POSITION ASSIGNED HELPERS								
DIRECT PASSENGERS TO PROPER EXIT AND EXIT								
CHECK BUS FOR PASSENGERS								
REMOVE EMERGENCY EQUIPMENT								
ACCOUNT FOR PASSENGERS ADMINISTER FIRST AID								
SPECIAL NEEDS REVIEW								
TYPE OF EVACUATION (FRONT/REAR/SIDE)								
DRIVER SIGNATURE/INITIALS								
SUPERVISOR SIGNATURE/INITIALS								