

# EMERGENCY AND EVACUATION PROCEDURES

## SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION FORM T-8

PLEASE CIRCLE THE SEMESTER THAT REFLECTS DRILLS.

This form is due to the Transportation Department by the:

1st semester of school year 200\_\_\_\_

2nd semester of school year 200\_\_\_\_

Received by Transportation Department:  
\_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Bus # \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL - TIME OF DRILLS AND DATE	EVACUATION TIME FRONT OF BUS MIN. _____ SEC. _____	EVACUATION TIME REAR OF BUS MIN. _____ SEC. _____	STUDENT COUNTS	DRIVER'S SIGNATURE

SUPERVISOR'S SIGNATURE:  
\_\_\_\_\_

