

APPENDIX F

SCHOOL INCIDENT REPORT FORM

Type of Incident:

Location:

Date and Time: _____

Person Reporting Incident:

Command Post Manned By:

Type of Response:	Sheltering	YES	NO	Early Dismissal	YES	NO
	Evacuation	YES	NO	School Cancellation	YES	NO

NOTIFICATIONS:	PHONE #	YES	NO	TIME
Superintendent	315-445-8304	_____	_____	_____
Business Administrator	315-445-8209	_____	_____	_____
Director of Transportation	315-445-8388	_____	_____	_____
Director of Facilities	315-445-8312	_____	_____	_____
Supervisor of Food Service	315-445-5286	_____	_____	_____
Principals				
Jamesville Elementary	315-445-8460	_____	_____	_____
Moses-DeWitt Elementary	315-445-8370	_____	_____	_____
Tecumseh Elementary	315-445-8320	_____	_____	_____
Jamesville-DeWitt Middle School	315-445-8360	_____	_____	_____
Jamesville-DeWitt High School	315-445-8340	_____	_____	_____
Fire Department	911	_____	_____	_____
Police (Local)	911	_____	_____	_____
Police (State)	911	_____	_____	_____
County Disaster Preparedness Director	315-435-2525	_____	_____	_____
Onondaga County Health Department	315-435-3233	_____	_____	_____
American Red Cross	315-234-2200	_____	_____	_____
Hospitals				
Upstate	315-464-5540	_____	_____	_____
Community General	315-492-5011	_____	_____	_____
St. Joseph's	315-448-5111	_____	_____	_____
Crouse Irving	315-470-7111	_____	_____	_____
Media		_____	_____	_____

SUPERINTENDENT: _____
Signature