

Staff Skills Inventory (for Emergency Operations Planning)

Staff: As part of the development of our Emergency Operations Plan, and in accordance with district policy, please complete the following survey and return to the administration office. The information provided will be used to help design and update our Emergency Operations Plan in order to be fully prepared for an emergency situation should one arise.

NAME: _____ ROOM _____

I. Emergency Response:

Please check any of the following areas in which you have training or expertise:

- | | | |
|--|--|---|
| <input type="checkbox"/> First aid | <input type="checkbox"/> Search and rescue | <input type="checkbox"/> Counseling/mental health |
| <input type="checkbox"/> CPR | <input type="checkbox"/> AED | <input type="checkbox"/> Hazardous materials |
| <input type="checkbox"/> Firefighting | <input type="checkbox"/> Emergency medical | <input type="checkbox"/> Media relations |
| <input type="checkbox"/> Incident debriefing | | |

Explain or clarify items checked, if needed _____

II. Special Considerations:

Please check and list special skills or resources you feel would be an asset in an emergency situation.

Explain items checked:

- Multilingual, list language(s) _____
- Experience with disabilities _____
- Ham radio or CB radio experience _____
- Knowledge of community resources _____
- Other knowledge or skills _____
- Other knowledge or skills _____

School Plan