



DATE \_\_\_\_\_

### SCHOOL EMERGENCY MATERIALS SURVEY

Name of School & School District \_\_\_\_\_

Location (Physical Address) \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of Principal \_\_\_\_\_

Principal's Phone No. \_\_\_\_\_ / Email address: \_\_\_\_\_

Please answer the following questions:

**Our school has a NOAA Radio.** \_\_\_\_\_ It is operational \_\_\_\_\_

The radio is located: \_\_\_\_\_

**Our school subscribes to the Reverse Alert notification program.** \_\_\_\_\_

**Our school currently has Shelter in Place Kits** previously provided by LEPC \_\_\_\_\_

If so, how many? \_\_\_\_\_

If the kits are incomplete, what items do you need to complete your existing kits.

Towel \_\_\_\_\_

Duct Tape \_\_\_\_\_

Masking Tape \_\_\_\_\_

Radio/Flashlight Combo \_\_\_\_\_

Water (at least 12 oz. bottle) \_\_\_\_\_

First Aid Kit \_\_\_\_\_

Do you have a kit in each classroom? If, not how many do you need to have in each classroom?

\_\_\_\_\_

If you do have kits, do you have one in each classroom? \_\_\_\_\_ If not, how many do you need so you will have one in each classroom? \_\_\_\_\_

If you have no kits for your school, how many do you need so you will have one in each classroom? \_\_\_\_\_

**In return for Shelter in Place Kits (NOAA Radios not included),**

**Our school will schedule a safety presentation** by the LEPC for staff, students, and parents. \_\_\_\_\_

**Our school will ensure** that the Shelter in Place Kits are not removed from the assigned classroom or school.

\_\_\_\_\_

**Our school will ensure that an inventory of Shelter in Place Kits** is provided to the LEPC at the end of our school year. \_\_\_\_\_

Person preparing this application

Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_

Questions: Joanne Salge, LEPC Coordinator  
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