



## School Bus Emergency Evacuation Evaluation Sheet

Bus Driver Name: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Type of Evacuation Simulated. Please check **one**:

\_\_\_\_\_ Fire in the engine compartment

\_\_\_\_\_ Front door crushed/blocked

\_\_\_\_\_ Rear emergency door blocked

\_\_\_\_\_ Vehicle stalled on a railroad crossing/track

\_\_\_\_\_ Other situation threatening the lives of students and driver

**Evacuation Evaluation: Please circle one.**

**Satisfactory**

**Unsatisfactory**

Comments: \_\_\_\_\_

**Evaluator Signature** \_\_\_\_\_