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:

__First aid   __Search and rescue   __Counseling/mental health

__CPR   __AED   __Hazardous materials   __Firefighting

__Emergency medical   __Media relations   __Incident debriefing

Explain or clarify items checked, if needed_____

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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_____