

Annual Usage Report Emergency School Kits

Date: _____

1. Was the kit utilized in the past year? Y or N
If yes, how many times _____
2. Was the kit used during any event? Y or N
If yes, give an example of what type of event it was used for:

3. What was used the most?

4. What was used the least?

5. What would you recommend removing in future kits?

6. What would you recommend including in future kits?

7. Was the kit transported off property? Y or N
If yes, where was the kit taken to and for what purpose?

8. What was your cost to replace equipment used?

Name of School District: _____

Name of School – Location of kit: _____

Name of Person Submitting this report: _____

Comments:

Signature: _____

Phone Number: _____

Return this form no later than July 15th of each year to:

OEMS
Attention EMSC (School Kits)
PO Box 360
Trenton, NJ 08625-0360