

**State of Maine**

# **Maine Emergency Management Agency**

**Hazard Identification and Risk Assessment for Schools**

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**WORKBOOK**

**June 2006**

(Supersedes Previous Editions)

**<http://www.maine.gov/mema>**

# **Hazard Identification and Risk Assessment**

## **A Workbook for Schools**

### **FORWARD**

MEMA's Hazard Identification and Vulnerability Assessment Workbook for State and Local Governments is the basis for the Hazard Identification and Risk Assessment Workbook for Schools. This workbook will assist schools to plan in ways that complement the emergency planning done by the community. It is important that school emergency plans integrate well with town emergency management plans.

The significant hazards identified by this workbook can also become the basis for emergency and mitigation planning in your jurisdiction. Mitigation actions are those that a community can take to lessen or eliminate the impact of a hazard on its' citizens and property. Emergency planning involves all four phases of disaster planning: Preparedness, Mitigation, Response, and Recovery.

Our hope is that you will find this system useful in your school planning and mitigation activities.

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# Workbook Instructions

This rating of hazards should be done by a panel made up of members of the school’s planning team. At least one of those members involved in the risk assessment should be from the town or county EMA office or local fire department. **This risk assessment is not intended to be completed by one person working alone.** A copy of your County’s Hazard Identification Report may be requested from your County EMA Office.

1. Fill out the Jurisdiction Description/Planning Team form on pages vi and viii..
2. Go to the Hazard Identification and Rating section on page 1.
3. Fill out the Rating Chart:
  - Begin with the first hazard. If you answer “YES”, the hazard could affect your jurisdiction, continue answering questions 2, 3, 4, and 5 in that row.
  - If your answer is “NO” to question #1, continue down the page to the next hazard.

NOTE: Hazard Identification and Risk Assessments must be reviewed at least once every year for new risks and changing conditions—such as new construction—in the area.

If you have answered “yes” to either question #3 or #4, you have identified a significant hazard for your school, school operations, students or staff that must be addressed in your Emergency Operations Plan.

4. Make a copy of the completed workbook:
  - Local jurisdictions: Send a copy to your Superintendent’s Office
  - Your Town and County Emergency Management Agency may also like to have a copy.
5. Write or update the School’s Hazard Identification Report.
6. Write or update the School’s Emergency Operation Plan.
7. Each year review all hazards to assess changes in hazard risk and vulnerability and to add or delete hazards.
8. Make necessary changes to your Emergency Operations Plan (EOP) as required by any changes in your risk assessment.

## Jurisdiction Description

1. Jurisdiction name: \_\_\_\_\_  
Town or City \_\_\_\_\_
2. Name, address, and telephone number of County Emergency Management Agency: \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_
3. Name, address, and telephone number of Town or City Emergency Management Agency: \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

4. Name, title, and telephone number of person responsible for coordinating school emergency management activities: \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
( ) ( )  
Residential Telephone Number \_\_\_\_\_  
( ) ( )  
Work Telephone Number \_\_\_\_\_  
( ) ( )  
Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**SIGNATORY PAGE**

5. Names and titles of members of the Planning Team filling out this report:

Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date
Name	Title	Date

6. \_\_\_\_\_  
Assessment Completed Date

7. \_\_\_\_\_  
Planning Team Chairperson Approval      Date

8. \_\_\_\_\_  
School Principal/Headmaster/ Approval      Date

9. \_\_\_\_\_  
Date Sent To Superintendent/Dean/President

10. \_\_\_\_\_  
Date Sent to Police Chief(s)/Sheriff

11. \_\_\_\_\_  
Date sent to Fire Chief(s)

12. \_\_\_\_\_  
Date Sent To Town Emergency Management Agency

13. \_\_\_\_\_  
Date Sent To County Emergency Management Agency

HAZARD NAME  NOTE: All Hazards marked by an asterisk (*) could be caused by a terrorist event.	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<b>ACCIDENT</b>	<b>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</b>  <b>Mass Transportation</b> An event involving a multi-passenger vehicle(s) such as cars, buses, school buses, planes, trains, ferries, or boats that occurs while travelling to or from a school supported or sanctioned activity. <input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Low <input type="checkbox"/>   Moderate <input type="checkbox"/>   High	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<b>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</b>  <input type="checkbox"/>   Yes <input type="checkbox"/>   No
	<b>Off Site</b> An incident from any cause that results in serious bodily harm or death to one or more people while engaged in a school supported or sanctioned activity off school property. <input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Low <input type="checkbox"/>   Moderate <input type="checkbox"/>   High	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Yes <input type="checkbox"/>   No
	<b>On Site</b> An event from any cause that results in serious bodily harm or death to one or more people while on school property <input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Low <input type="checkbox"/>   Moderate <input type="checkbox"/>   High	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Yes <input type="checkbox"/>   No	<input type="checkbox"/>   Yes <input type="checkbox"/>   No

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p>	<p>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p>3. Could school property damage, or loss of use of school property result if this event occurred?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Could any person be killed or injured if this event occurred?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>AVALANCHE*</b> Mass of sliding snow occurs in mountainous terrain where snow is deposited on slopes of 20 degrees or more.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>BLIGHT/INFESTATION*</b> Any injury to plants resulting in withering, cessation of growth and death of the above ground part of plants caused by: disease organisms (fungi, bacteria, or virus), insects, or unfavorable environmental conditions. Trees may be weakened causing risk to those passing under them. Fire risk due to dying vegetation may increase.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>BUILDING COLLAPSE</b> Loss of structural integrity of buildings due to wind, water, snow or seismic events resulting in significant personal injury or economic loss.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>CIVIL/POLITICAL DISORDER*</b></p> <p>Certain types of facilities, such as government buildings, schools and universities, military bases, nuclear power facilities, abortion clinics, work sites, mass-gathering places, and correctional facilities are more vulnerable than others.</p>	<p><b>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</b></p> <p><b>Demonstration</b> A public protest.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>Economic Emergency</b> Loss of personal, governmental, or commercial economic stability.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>Hostage Incident</b> Person or group held as security pending the fulfillment of certain terms.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>CIVIL/POLITICAL DISORDER* (cont)</b></p> <p>Certain types of facilities, such as government buildings, schools and universities, military bases, nuclear power facilities, abortion clinics, work sites, mass-gathering places, and correctional facilities are more vulnerable than others.</p>	<p><b>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</b></p> <p><b>Strike/Lockout</b></p> <p>A work stoppage to protest or influence work practices.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p><b>Sabotage/Vandalism</b></p> <p>Intentional destruction of property or obstruction of normal operations.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p><b>Weapons of Mass Destruction</b></p> <p>Biological Nuclear Incendiary Chemical Explosive</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>CONTAMINATION OF FOOD/DRINKING WATER/AIR/SOIL*</b></p> <p>The accidental or deliberate introduction of dangerous substances into food, beverages, medications, water, and other ingested products or into HVAC systems.</p>	<p>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>CONTAGIOUS, INFECTIOUS DISEASE OR PANDEMIC*</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>DAM FAILURE*</b></p> <p>Dam failure is the spontaneous release of water resulting from improper operation or structural collapse of the structure, etc.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>DEATH/SUICIDE</b></p> <p>The accidental or self inflicted death of a student, teacher, school volunteer, coach, School Resource Officer, school administrator; or any person that has frequent and close association with school activities, staff and students. Morale for the whole school and student grades can be affected for months afterward.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p>	<p>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p>3. Could school property damage, or loss of use of school property result if this event occurred?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Could any person be killed or injured if this event occurred?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>DROUGHT</b></p> <p>Prolonged period without rain: A twelve month period during which precipitation is less than 85% of normal as defined by the National Weather Service (44 inches is the average precipitation level per year). Droughts occur about every 20 years with severe 3-5 year droughts occurring about every 40 years. Annual precipitation in Maine has been decreasing by .04 inches every decade since 1960.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>EARTHQUAKE</b></p> <p>Sudden motion of the ground which may result in surface faulting (ground rupture), ground shaking, and ground failure resulting in damage to buildings, roads, bridges and loss of utility service(s).</p> <p><b>NOTE:</b> FEMA says all of Maine is a Moderate risk for Earthquake.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>ENERGY SHORTAGE</b></p> <p>A significant shortage of any energy resource or the inability to pay for high priced energy resources, resulting in a loss of fuel supplies for space heating, emergency and health care service; thereby endangering both life and property.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>EROSION/COASTAL EROSION</b></p> <p>The wearing away and removal of soil particles by running water, waves, currents, moving ice, or wind resulting in severe land destruction and property damage.</p>	<p>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>FIRE</b></p> <p>The out break of fire or smoke within the school building, Portable units, and out buildings or in grass, fields, brush and woods around school buildings.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>FLOOD</b></p>	<p><b>Riverine</b></p> <p>Periodic over-bank flow of rivers and streams.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><b>Flash</b></p> <p>Quickly rising small streams after heavy rains, ice jams, or rapid snow melt.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.  <b>HEAT WAVE</b> A spell of three or more consecutive days on each of which the maximum temperature reaches or exceeds 90E F.	<b>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HAZARDOUS MATERIALS INCIDENT—FIXED FACILITY*</b>	<b>Chemical</b> Uncontrolled release of hazardous materials from a fixed site.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Radiological</b> A radiological release occurring at a nuclear power plant, or in association with hospitals, industrial facilities, and research labs which may cause impaired thyroid function, whole body, and bone marrow contamination from absorption or ingestion of contaminated food.  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.	
NOTE: All Hazards marked by an asterisk (*) could be caused by a terrorist event.	1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAZARDOUS MATERIALS INCIDENT—TRANSPORTATION*  Uncontrolled release of radiological, chemical, or biological hazardous materials during transport that causes impact to school property or staff and students, or disrupts school transportation routes.	Rail <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pipeline <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Port <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	River <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Highway <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>HURRICANE</b> A hurricane is a tropical cyclone in which winds reach speeds of seventy-four miles per hour or more, and blow in a large spiral around a relatively calm center. It produces measurable damage and destruction from heavy rainfalls, winds, and flooding.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>LANDSLIDE*</b> A mass of sliding earth, mud, or rock.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>POWER OR UTILITY FAILURE*</b> Interruption or loss of service for an extended period of time. (Gas, oil, electricity, fiber optics, telephone, microwave towers, water, and sewage sites, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>SUBSIDENCE</b> Depressions, cracks, and sinkholes in the ground's surface caused by removal of water or gas beneath the surface.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>TORNADO</b></p> <p>A violently whirling column of air extending downward from a cumulonimbus cloud and seen as a rapidly rotating, slender, funnel shaped cloud that has a wind velocity of up to 300 miles per hour at the central core and destroys everything along its narrow ground path. Maine has an average of two low intensity tornados per year.</p>	<p>1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5</p> <p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Low <input type="checkbox"/>   <input type="checkbox"/> Moderate <input type="checkbox"/>   <input type="checkbox"/> High</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</p> <p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>
<p><b>TRANSPORTATION INCIDENT—PASSENGER</b></p> <p>An incident involving passenger air, rail, highway, or water modes of travel resulting in death or injury. Includes school staff and students traveling on school busses, commercial buses, trains, cruise ships, ferries etc.</p>	<p><b>Air</b></p> <p>An accident involving a multi-passenger (twenty or more) or cargo aircraft or small private plane, resulting in injuries, loss of life, and destruction of private property where it impacts. Includes areas within the flight paths of airports.</p> <p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Low <input type="checkbox"/>   <input type="checkbox"/> Moderate <input type="checkbox"/>   <input type="checkbox"/> High</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>	<p><input type="checkbox"/>   <input type="checkbox"/> Yes <input type="checkbox"/>   <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY			CONCLUSION
		2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<p><b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.</p> <p><b>TRANSPORTATION INCIDENT—PASSENGER (cont)</b></p> <p>An incident involving passenger air, rail, highway, or water modes of travel resulting in death or injury. Includes school staff and students traveling on school busses, commercial buses, trains, cruise ships, ferries etc.</p>	<p><b>1. Could this hazard affect this school? If “NO” go down to next hazard. If “YES” complete #2-5</b></p> <p><b>Highway</b></p> <p>An unforeseen event involving a rapid-transit, multi-passenger vehicle or a large supply truck which results in severe injuries, fatalities, and property damage.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>5. If you answered “YES” to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Rail</b></p> <p>An accident or derailment involving multiple railroad cars which causes abnormal interaction with the general public by blocking roads and/or causing property damage.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>TRANSPORTATION INCIDENT—PASSENGER (cont)</b></p> <p>An incident involving passenger air, rail, highway, or water modes of travel resulting in death or injury. Includes school busses, commercial buses, trains, cruise ships, ferries etc.</p>	<p><b>Water</b></p> <p>An accident involving a multi-passenger vessel, either public or private, resulting in injuries, loss of life, and destruction of property and requiring response and rescue by boat.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>UNCONTROLLED ANIMAL / INSECT</b></p> <p>A domestic or wild animal out of control that exhibits threatening behavior, or inflicts injury or death upon students staff, or visitors. This includes bee and wasp attacks.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>URBAN FIRE</b></p> <p>Uncontrolled burning in residential, commercial, industrial, or other properties in developed areas. An event of such magnitude as to cause serious injuries and deaths and impose severe economic losses to the community. Other structures in the vicinity of the fire may be affected in a variety of ways. Schools may be used as temporary shelters for displaced people.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

HAZARD NAME	HAZARD IDENTIFICATION	VUNERABILITY				CONCLUSION
		1. Could this hazard affect this school? If "NO" go down to next hazard. If "YES" complete #2-5	2. What is the likelihood of the event occurring at, or in the immediate vicinity of this school?	3. Could school property damage, or loss of use of school property result if this event occurred?	4. Could any person be killed or injured if this event occurred?	
<b>NOTE:</b> All Hazards marked by an asterisk (*) could be caused by a terrorist event.  <b>WATER LOSS OTHER</b> Includes broken water lines, and contamination due to accidental or intentional introduction of hazardous materials into public water supplies, and wells. All school well heads should be padlocked to reduce risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. If you answered "YES" to question #3 or #4, this hazard is significant and must be addressed in your Emergency Operations Plan.</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WEATHER HAZARDS OTHER</b> Includes severe cold, winter and summer storms, lightning strikes, and hail. Weather hazards can impact hasty evacuations, emergency response, and sheltering operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

