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