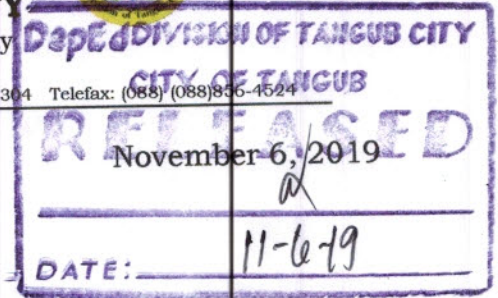




Republic of the Philippines
Department of Education
Region X – Northern Mindanao
DIVISION OF TANGUB CITY
Anecito Siete St., Mantic, Tangub City



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Division Memorandum
No. 307, s. 2019

**REITERATION ON THE SCHEDULED CONDUCT OF CY 2019
4th QUARTER NATIONWIDE SIMULTANEOUS EARTHQUAKE DRILL**

To: **All Elementary & Secondary School Heads & Teacher In-Charge
School Disaster Risk Reduction Management Coordinators**
Public and Private Schools
All others concerned
This Division

1. Pursuant to OUA MEMO 12-1031-0434 from Undersecretary Alain Del B. Pascua dated 30 October 2019, enjoining offices across all levels to participate in the conduct of the 4th Quarter Nationwide Simultaneous Earthquake Drill (NSED) on **14 November 2019 at 2:00 PM.**
2. The objective of the Quarterly NSED are:
 - To evaluate the readiness and awareness of learners and DepEd personnel for earthquakes; and,
 - To evaluate the coordination and communication mechanisms during evacuation procedures and response.
3. Proper documentation and post-activity evaluation of said drill are required. All field offices are advised to make necessary preparations to ensure that the required reports are submitted on time. School DRRM Coordinators will submit the reports to Mr. Arniel B. Mehoy, Division DRRM Coordinator **not later than 18 November 2019 two days after the quarterly NSED.**
4. Attached herewith are Enhanced School Report on Quarterly NSED and Earthquake Drill Evaluation Form.
5. Cut-off time will be **5:00 PM.**
6. For strict compliance.


AGUSTINES E. CEPE, Ph.D., CESO V
Schools Division Superintendent

AEC/ abm/ 11-06-19



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Enclosure No. 1 to Division Memorandum No. 307, s. 2019

Enhanced School Report on Quarterly NSED

School ID: _____
School Name: _____

Total Number of Participants: _____
Date Conducted: _____

QUESTIONS	ANSWERS	REMARKS
Total No. of Participants		
-Pupils/ Learners/ Students		Male _____ Female _____ CWD/M _____ CWD/F _____
School Personnel (teaching)		Male _____ Female _____
(non-teaching)		Male _____ Female _____
Parents		Male _____ Female _____
LGU's/ Barangay/ Officials		Male _____ Female _____
Evaluators		Male _____ Female _____
School Personnel		Male _____ Female _____
Other Agencies		Male _____ Female _____
School Coordinated with the Local DRRMC	YES _____ NO _____	
School Conducted Orientation on Earthquake and discuss preparedness measures prior to conduct of NSED	YES _____ NO _____	
School Mapped out personnel and/ or learners Information and contact number	YES _____ NO _____	
School Conducted Post Evaluation of the Drill	YES _____ NO _____	
Common Issues and concerns encountered during the conduct of the Drill (please enumerate, use other sheet if necessary)	Consolidated from the conducted post evaluation of the drill	
Were there any untoward incident that happened during the conduct of the NSED? Please provide an explanation on another sheet, if any.	Consolidated from the conducted post evaluation of the drill	
Learning/ insights noted: From Learners	Consolidated from the conducted post evaluation of the drill	
From Teachers		
From Parents		
From other Stakeholders		
Evaluation Results & Recommendations	Consolidated from the conducted post evaluation of the drill	

Note:

- Please attach photo documentation with caption.

Prepared by:

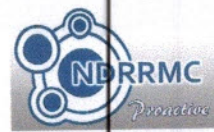
Approved by:

Name: _____
Position: School DRRM Coordinator
(Signature over printed name)

Name: _____
Position: School Principal/ Head
(Signature over printed name)



EARTHQUAKE DRILL EVALUATION FORM



Title: (N) Quarter NSED (Year)		Name of Agency/ Organization/ LGU:				
Place of Drill:		Name of DCG:				
Date of Date of Drill:		Duration of Drill:				
Total Number of Participants:						
Quantitative assessment of EQ drill: Rate the following parameters with one (1) being the lowest and five (5) being the highest.						If you think that your response needs to be qualified, please fill-up the column below. COMMENTS and OBSERVATIONS
PART I - GENERAL EVALUATION:						
	1	2	3	4	5	
1. The alarm system used was loud enough to be heard by all drill participants.						
2. The drill participants executed the "duck, cover and hold" technique during the Alarm Phase or while the alarm system is being sounded.						
3. The drill participants waited for the alarm system to stop before evacuating.						
4. The drill participants executed the "buddy-buddy" system during the evacuation phase.						
5. The drill participants walked faster than normal during the evacuation phase.						
6. The drill participants followed their evacuation routes to the evacuation area/s.						
7. The drill participants covered their heads while vacating the building.						
8. The participants checked for any sustained injury in the evacuation/ assembly area/s.						
9. A headcount was conducted while in the evacuation area.						
10. The participants stayed in the evacuation area until the drill was terminated.						
Evaluation of the Disaster Control Group						
11. The Incident Commander established clear leadership during the drill						
12. The First Aid/ Medical Team immediately addressed all medical needs of the injured victims and casualties.						
13. The Search and Rescue Team was efficiently organized in responding to the incident.						
14. The Fire Safety/ Brigade Team demonstrated proper fire suppression.						
15. The Evacuation Team properly executed the evacuation procedures.						
16. The Site Security Team adequately secured the perimeter for the drill area						
17. The Maintenance Team observed protocols in ensuring the building safety before re-entering						
18. The Communication utilized the equipment properly during coordination and execution of response operations.						
19. The Transportation team ensured the availability of vehicles						

20. The Relief Team coordinated with LGU to secure relief requirements.							
SUB-TOTAL							
GRAND TOTAL/OVER ALL RATING							

RATING SCALE

90-100 points - OUTSTANDING	60-69 points - FAIR
80-89 points - VERY SATISFACTORY	59 & below - NEEDS IMPROVEMENT
70-79 points - SATISFACTORY	

PART II- RECOMMENDATION/S:

 Evaluator
 Signature over Printed Name

Conforme: _____
 Signature over Printed Name

Agency Represented : _____
 Designation : _____
 Landline and Mobile Numbers : _____
 E-mail Address : _____