

**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF EDUCATION**

**DISASTER RISK REDUCTION AND MANAGEMENT SERVICE**

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**Incident Report**

|  |  |
| --- | --- |
| **REGION** |  |
| **DIVISION** |  |
| **DISTRICT** |  |
| **SCHOOL ID** |  |
| **SCHOOL NAME** |  |

1. **SITUATION OF SCHOOL**
2. Overview of the incident

|  |
| --- |
| **Inclusive Date and Time of Incident** |
| *(insert date and time here)* |
| **Incident Summary** |
| (*provide a brief summary of the incident here*) |

1. Number of Learners and Personnel Affected (Latest Data)

**LEARNER DATA**

*Please input most recent data on learners*

|  |  |  |  |
| --- | --- | --- | --- |
| As of date | Male | Female | Total |
| (indicate the School Year) |  |  |  |

**PERSONNEL DATA**

*Please input most recent data on personnel*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| As of date | Teaching Personnel | | Non-Teaching Personnel | | Total Personnel |
| Male | Female | Male | Female |
| (indicate the School Year) |  |  |  |  |  |

1. Number of Damage Buildings/Classroom

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Baseline**  *Before the Incident* | | | **Damaged**  *Please indicate the status of rooms after the incident*  *(Please note:* ***TOT*** *– Totally Damaged;* ***MAJ*** *– Major Damage;* ***MIN*** *– Minor Damage;* ***GOOD*** *– in good condition)* | | |
| Instructional rooms (Acad/Non-acad) | Non-instructional rooms | Total Rooms | Instructional rooms (Acad/Non-acad) | Non-instructional rooms | Total Rooms |
|  |  |  | |  |  | | --- | --- | | **Tot** |  | | **Maj** |  | | **Min** |  | | **Good** |  | | |  |  | | --- | --- | | **Tot** |  | | **Maj** |  | | **Min** |  | | **Good** |  | | |  |  | | --- | --- | | **Tot** |  | | **Maj** |  | | **Min** |  | | **Good** |  | |

1. Inventories for damage non-infrastructure component:
2. Learning Materials (per title and per grade level)

|  |  |
| --- | --- |
| **LM Title** | **Grade Level** |
|  |  |

1. School Furniture

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Furniture** | Arm Chair | Desk | Teacher’s Table | Teacher’s Chair | Chair |
| **Baseline** – *Before the incident* |  |  |  |  |  |
| **Damage –** *Please input total damaged (after the incident)* |  |  |  |  |  |

1. DepEd Computerization Program (include Batch No.)
2. Findings/Result of the Site Validation

|  |
| --- |
| **Site Validation Result** |
| (*provide the findings of the site validation here*) |

1. **IMMEDIATE ACTIONS TAKEN AFTER THE INCIDENT**
2. By School
3. By Division
4. By Region (if applicable)
5. **WAYS FORWARD/RECOMMENDATION**
6. Actions to be taken by Division
7. Immediate assistance needed by the affected school

Prepared by: Approved by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach the following:**

1. Pictures of the status of school (if needed)
2. BFP Report or PNP Report
3. Site Development Plan
4. Endorsement of Division for the interventions needed (signed by SDS)