

# CHAPTER CHAIR FIRE SAFETY INTAKE FORM 2025



If your worksite is affected by the recent wildfires in Los Angeles, use this form to document your reporting of the issue and take the following steps:

1. Notify your administrator/principal.
2. If not resolved, contact the district administrator for your region:
  - Dr. Debra Bryant, Administrator, LAUSD Region West Operations, (310) 914-2102
  - Jose Razo, Administrator, LAUSD Region North Operations, (818) 654-3600
  - Mira Pranata, Administrator, LAUSD Region South Operations, (310) 354-3519
  - Gilberto Martinez, Administrator, LAUSD Region East Operations, (323) 224-3177
3. If still not resolved, contact your UTLA Area Rep and begin organizing with your coworkers to take collective action at your work site.

**Use this checklist to confirm that safety conditions are being met and note any violations on page 2.**

## **AIR QUALITY** (Cal/OSHA Protection from Wildfire Smoke standard Section 5141.1)

- ☐ Administration should check the current AQI for PM2.5 throughout the day and communicate to staff

## **MASKS**

- ☐ Disposable masks (specifically KN95s) available to all students and employees in need of one at the entry of their campus
  - ☐ Children's sizes available for elementary school students

## **WATER**

- ☐ Clean water available for drinking
- ☐ Bottled water available

## **REGULAR CLEANING & DISINFECTING** (LAUSD Ref 886.4 and LAUSD OEHS Safety Alert No. 03-1)

- ☐ All classrooms
- ☐ All restrooms
- ☐ All workspaces
- ☐ Playgrounds and schoolyards

## **VENTILATION**

- ☐ Functioning HVAC
- ☐ Air filters replaced
- ☐ Implement Indoors Activities Schedule during wildfires (LAUSD Ref 886.4)
- ☐ For employees working outdoors when the AQI for fine particles (PM2.5) is forecasted to be or currently is 151 or greater, work activities shall be moved inside enclosed buildings with working HVAC (LAUSD Ref 886.4)

**EXPENSES**

- ☐ Reimbursement plan for cost to replace instructional supplies and materials for affected classrooms of unit members

**TRAINING & EMERGENCY ACTION PLAN**

- ☐ Emergency action plan with clear evacuation procedures, effective emergency communication protocols, and methods to safely evacuate

**Describe any violations** (including location of the safety deficiency, date and time it was identified):

**Remedy requested:**

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**Date and time of notification to administrator/principal via email:**

**Date and time of notification to LAUSD:**

**Chapter:**

**Your name (Chapter Chair):**

**Your non-LAUDS email:**

**Your cell phone:**

**UTLA Area:**

**Your Employee ID Number:**