

**YSLETA INDEPENDENT SCHOOL DISTRICT**  
**Office of Emergency Operations and Preparedness**

**EvacUsafe Evacuation Chair Training Compliance Affidavit**

**Part 1: Affirmation of training requirement for the EvacuSafe evacuation chair.**

I, \_\_\_\_\_, do affirm that I am required to complete mandatory training for assigned EvacUsafe evacuation chair duty as required in the 2023 Texas School Safety and Security Audit.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Campus: \_\_\_\_\_

**Part 2: Confirmation to the completion of the required training for EvacuSafe evacuation chair.**

I, \_\_\_\_\_, do acknowledge that I reviewed the EvacUsafe evacuation chair presentation, which will ensure my compliance under the requirements of the 2023 Texas School Safety and Security Audit.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Campus: \_\_\_\_\_