



Building Administrator's Emergency Checklist

A primary planning tool for all Departments and areas

1	Building/Location [i.e., Music, King Hall]	Department	Department Phone #	Date Submitted
2	Building Administrator	Campus Office Address [Bldg. & Room #]	Campus Phone #	Emergency Phone #
3	Evacuation Coordinator	Campus Office Address [Bldg. & Room #]	Campus Phone #	Emergency Phone #
4	Department/School/Division Coordinator [if applicable]	Campus Office Address [Bldg. & Room #]	Campus Phone #	Emergency Phone #
5	Primary Floor Monitors	Emergency Phone #	Assistant / Back up Floor Monitors	Emergency Phone #
	Floor 1			
	Floor 2			
	Floor 3			
	Floor 4			
	Floor 5			
	Floor 6			
	Floor 7			
	Floor 8			
	Floor 9			
6	Person who will take attendance & report missing persons		Campus Phone #	Emergency Phone #
	Alternate		Campus Phone #	Emergency Phone #
7	Person authorized to coordinate with EOC		Campus Phone #	Emergency Phone #
8	Person responsible for reporting potential hazard or hazardous materials		Campus Phone #	Emergency Phone #
	Alternate		Campus Phone #	Emergency Phone #
9	Person appointed to identify remains of deceased		Campus Phone #	Emergency Phone #
	Alternate		Campus Phone #	Emergency Phone #
10	Person to coordinate the collection & disposal of dead animals [i.e., research labs]		Campus Phone #	Emergency Phone #
11	Persons authorized [if conditions permit] to enter building/area for damage assessment		Campus Phone #	Emergency Phone #
	Alternate 2	Alternate 3	Campus Phone #	Emergency Phone #
12	Person responsible for protection of unit's assets, records, & technology security		Campus Phone #	Emergency Phone #
13	Evacuation Assembly point for this building, department, or area is:			
14	Persons with minor injuries report to:			
15	Persons who cannot be evacuated & need assistance must be reported to the EOC via campus phone, cell phone, emergency radio system, or by runner.			
Additional Information				

Building Evacuation & Emergency Site Specific Plan

Area/Building	Name of Building Administrator	Name of Evacuation Coordinator	Date
---------------	--------------------------------	--------------------------------	------

Assembly Area	Evacuation Map/Schematic <input type="checkbox"/> Attached <input type="checkbox"/> N/A <input type="checkbox"/> Same as file submitted (date) _____
---------------	---

Peak Time Periods for Usage of the Building

Day of Week: _____ Time of Day: _____ Approximate Headcount: _____

Special Hazards

Description of Hazard	Exact Location	Precautions Recommended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

N/A See attachment for further information

Special or Unique Circumstances

Description	Exact Location	Actions Recommended
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

N/A See attachment for further information

Locations of Utility Cutoffs

Water:	On File Public Safety
Gas:	
Electric:	

Note: This section is for utility controls that are exterior of the building that isolate the structure from other zones:

Completed and submitted by	Signature of person submitting report
----------------------------	---------------------------------------