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
	☐ Attached ☐ N/A ☐ 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:

Gas:

Electric:

On File Public Safety

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