



Emergency Evacuation Record

This form is to be completed **for drills and actual occurrences**. Complete and submit to the FNA H & S Coordinator
 dhoward@fairbanksnative.org

Date:	Name of Building/Facility:		
Time:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Shift: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
<input type="checkbox"/> Manual or <input type="checkbox"/> Automatic (by sensors)			
Name of Emergency Personnel Notified (If actual occurrence):			
Police: <input type="checkbox"/>		Fire Department: <input type="checkbox"/>	
Department of Environmental Conservation (DEC): <input type="checkbox"/>			
Other(s): <input type="checkbox"/>			

Indicate whether: <input type="checkbox"/> Drill or <input type="checkbox"/> Actual Occurrence		
<input type="checkbox"/> Fire	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Natural Disaster (flood, earthquake, etc.)
<input type="checkbox"/> Medical Emergency		<input type="checkbox"/> Violent/Threatening Situation (including suicide)
<input type="checkbox"/> Other (describe)		

Name each staff member on duty:

Name of each adult and child present but not participating (**initials/consumer ID if 42 CFR Part 2 applies**) and reason for nonparticipation:

All persons accounted for by: _____
(Print name)

On: _____
(Date and time)

Evacuated to: _____
(Place, date & time)

All clear sounded by: _____ on _____
(Print name) (Date & time)

Returned to building/facility: _____
(Date & time)

How long did it take to evacuate all persons? _____

Name(s) and nature of casualties: _____

Review and critique (attach additional pages if needed)

1. Actions taken by each employee:

2. Responses by adults or children in care during evacuation/drill:

3. Were existing policies followed? If not, explain why:

