



Subject: Safety Forms:

**Emergency Status Report**

Section: IV

Date: 01/10/2008

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**UA DEPARTMENTAL EMERGENCY  
STATUS REPORT**

*To be completed by Building Manager, Dean, Director or Department Head at the time of the incident.*

Department: \_\_\_\_\_

Building name: \_\_\_\_\_ Floors: \_\_\_\_\_

Completed by: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**DESCRIBE URGENT NEEDS:** e.g., rescue, severe flooding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personnel Status:**

Number of personnel present or accounted for: \_\_\_\_\_

Number of persons missing: \_\_\_\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number requiring medical assistance: \_\_\_\_\_

Nature of injuries:     Urgent     Minor

Is anyone trapped in building?     Yes     No

Where? \_\_\_\_\_

In elevator?     Yes     No

Where? \_\_\_\_\_



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## Building Status:

Fire? (if so, pull alarm)     Yes     No

Structural?     Yes     No

Major damage (partial building or floor collapse)

Moderate Damage (furniture overturned, light fixture down)

Minor damage (cracks, books off shelf)

### Utilities:

Electricity     OFF     ON

Water     OFF     ON

Gas     OFF     ON

Emergency Power     OFF     ON

### Communications:

Phones:     OFF     ON

### Hazardous Materials:

Chemical spills:     YES     NO

Where: \_\_\_\_\_

Biological spills:     YES     NO

Where: \_\_\_\_\_

Radiation Contamination:     YES     NO

Where: \_\_\_\_\_

Observations/Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete this form and hand it to the first Police Officer or Fire fighter who arrives at your assembly location. This information will assist the first responders with the initial scene assessment.**