

DIVISION OF BIOLOGICAL SCIENCES_EMERGENCY REPORT

Building: _____ Room #: _____

PI/Lab: _____ Date/time: _____

Person filling out this form: _____

Name

emergency no.

This lab has _____ members total.

List all Lab Members: Name/emergency no.	Present in lab Y/N	Evacuated to assembly area Y/N	Comments (if not present, why not? vacation, alternate campus location?) Injuries/ requires medical attention?

Lab Damage Assessment/ FM needs (e.g. ruptured gas lines, fire, flooding, collapsed structures)

Has an incident involving a biological, chemical or radiological hazard occurred (spills, exposures)?

NO

YES –biological

YES – Chemical

YES – Radiological

explain: _____

Were any experiments in progress before evacuating? If yes, will they pose a danger to emergency response personnel?

Explain: _____

Other:

Gather and communicate the following information to your Building Safety Contact:

- Is everyone accounted for and at assembly area? If not, why? (vacation, out sick, at other campus location at time of emergency?). Lab Safety Contact should try to track down person unaccounted for.
- Is anyone injured? - provide list of names, extent of injuries
- Is there damage to your area/building?
- Do you need anything? - medical attention for injured people, FM response for ruptured gas line, etc

Hand report to your Building Safety Contact when done