



FIRE AND EMERGENCY SERVICES  
 4040 CHESTNUT STREET  
 PHILADELPHIA, PA 19104  
 TELEPHONE: 215.573.7857  
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<http://www.publicsafety.upenn.edu>

**RECORD OF EMERGENCY EVACUATION DRILLS**

<u>Date/Time</u>	<u>Notification Method</u>	<u>Total # Evacuated</u>	<u>Weather</u>	<u>Total drill time</u>	<u>Remarks/Critique Results</u>	<u>Signature</u>

This record shall be made available to the Department of Licenses and Inspections, City of Philadelphia, on demand.

**Required Info:** ID of person conducting drill, date/time of drill, notification method used, # of persons evacuated, special conditions simulated, problems encountered, weather conditions, time required to complete drill

**Building Area of Refuge Information**

Building Name: \_\_\_\_\_ Building Address: \_\_\_\_\_

Primary Building Area of Refuge: \_\_\_\_\_

Secondary Building Area of Refuge: \_\_\_\_\_

Primary Relocation: \_\_\_\_\_

Secondary Relocation: \_\_\_\_\_

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**Penn Emergency Team**

Building Emergency Coordinator: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Emergency Coordinator: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Team Leaders**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Emergency Team Members**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Shelter-In-Place Form

Safety Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Building Name and Address: \_\_\_\_\_

Building Emergency Coordinator: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alt. Building Emergency Coordinator: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PET Leaders

PET Members


Method used to notify occupants to Shelter-In-Place?

Public Address System     Occupants     Computer, Phone     Other

Phones located in the Shelter Room?

Yes \_\_\_\_\_     No

Television located in the Shelter Room?

Yes     No

Signage posted to identify Shelter Room?

Yes     No

Emergency kit stocked in Shelter Room?

Yes     No

Does your emergency kit contain the following items?

Duct Tape     Water     Flashlight     Batteries     First Aid Kit     Battery Operated Radio

Has each leader and member been assigned an area of responsibility that they must check and direct everyone to the designated shelter area(s)?

Yes     No

Have arm bands been issued?

Yes     No

Have provisions been made for person(s) with special needs?

Yes \_\_\_\_\_     No     None assigned

\_\_\_\_\_

Personnel trained to shut down air handlers?

Yes \_\_\_\_\_  No  OCC shut down  
\_\_\_\_\_

Is there an accountability system in place for all building and occupants?

Yes  No

Have occupants been informed to close windows and doors as they leave workspace, office, labs, etc?

Yes  No

Person(s) assigned to place plastic/duct tape to seal areas that may require it?

Yes  No

Person(s) assigned to place "Do Not Enter – Shelter-In-Place in Progress" on door?

Yes  No

Have occupants been informed to dress appropriately for conditions and comfort?

Yes  No

Does the building have a vending machine or coffee shop?

Yes \_\_\_\_\_  No

Are restrooms available in the immediate area?

Yes \_\_\_\_\_  No  
\_\_\_\_\_

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Additional Information: