# RECORD OF EMERGENCY EVACUATION DRILLS

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Notification Method</th>
<th>Total # Evacuated</th>
<th>Weather</th>
<th>Total drill time</th>
<th>Remarks/Critique Results</th>
<th>Signature</th>
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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: ______________________________________________________

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

Additional Information: