Building Assessment

Person Reporting:	Date:	Time:

Building Number:	Type of Event (check one): Fire Fire Alarm Flood Earthquake Other _____ Describe

If building is not evacuated:

Fax form to 6-6114*

If building is evacuated, hand to rescue personnel located at outdoor assembly area

Rooms or Location in Building	People			Fire		Hazard				Damage			
	# INJURED	# TRAPPED	# DEAD	BURNING	FIRE OUT	GAS LEAK	WATER LEAK	ELECTRICAL	CHEMICAL	LIGHT	MEDIUM	HEAVY	COLLAPSED

Notes:_____

_____

*If fax not available - call 6-5555 or send runner with form to Facility Services (Bldg. 70)