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: __________________________

Nature of injuries:  □ Urgent  □ Minor

Is anyone trapped in building?  □ Yes  □ No

Where? __________________________

In elevator?  □ Yes  □ No

Where? __________________________
### 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.