

Binghamton University Emergency Action Plan

Building _____ Dept _____

Building Administrator _____ Phone # _____

Department Safety Contact _____ Phone # _____

Department Assembly Point _____

Date of Plan _____ Revision Date _____

Revision Notes: _____

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Implementation of Plan – Check List

- Identify any persons unable to self-evacuate
- Assign “Buddies” to check on persons unable to self-evacuate:

Person / Phone #	Office / Room #	Buddy / Phone #

- Identify Persons Unable to Leave (Monitoring a Critical/Unsafe Operation/Experiment):

Person / Phone #	Office / Room #	Reason to Stay

- Assign Evacuation Assistants: (Optional: Contact EH&S for Training before implementing this part)

- _____ Area _____
- _____ Area _____
- _____ Area _____
- _____ Area _____
- _____ Area _____
- _____ Area _____

