Emergency/Evacuation Personnel Checklist

Office Location: **CSE Lower Level**

Date: _____ **Recorder:** **Crystal Eney**

NAME	HERE	ABSENT	IN FIELD	INJURED	MISSING	LAST KNOWN LOCATION	EMERGENCY ASSIGNMENT
002 – Undergrad Workstation	☐	☐	☐	☐	☐		
021 - Undergrad Project Lab	☐	☐	☐	☐	☐		
023 – Undergrad Project Lab	☐	☐	☐	☐	☐		
025 – Undergrad Project Lab	☐	☐	☐	☐	☐		
027 – ACM Lounge	☐	☐	☐	☐	☐		
027A/B – ACM Lounge	☐	☐	☐	☐	☐		
022 – Undergrad Workstation	☐	☐	☐	☐	☐		
00E – Electrical Closet	☐	☐	☐	☐	☐		
018 - Storage	☐	☐	☐	☐	☐		
00F – Custodial Closet	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
WORK STUDY / INTERN							
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		