Emergency/Evacuation Personnel Checklist

Office Location: **CSE Lower Level**

Date: _____ **Recorder:** **Bruce Hemingway**

NAME	HERE	ABSENT	IN FIELD	INJURED	MISSING	LAST KNOWN LOCATION	EMERGENCY ASSIGNMENT
006 – Undergrad Workstation	☐	☐	☐	☐	☐		
003 – Comp Engineering Lab	☐	☐	☐	☐	☐		
003A – Tech Staff Office	☐	☐	☐	☐	☐		
003B - Storage	☐	☐	☐	☐	☐		
003C – Imaging Lab	☐	☐	☐	☐	☐		
003D – Tablet PC Lab	☐	☐	☐	☐	☐		
003E – Comp Engineering	☐	☐	☐	☐	☐		
007 – Tech Staff Office	☐	☐	☐	☐	☐		
014 – MoCap Lab	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		
WORK STUDY / INTERN							
	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐		