

EVACUATION PLANNING FOR PERSONS WITH DISABILITIES



List self-identified disabled persons who request evacuation assistance during an emergency. Designate evacuation assistants to wheelchair users to assist them during an emergency.

NAME: _____

Building/Room: _____ Phone: _____

Disability: _____

Instructions: _____

NAME: _____

Building/Room: _____ Phone: _____

Disability: _____

Instructions: _____

NAME: _____

Building/Room: _____ Phone: _____

Disability: _____

Instructions: _____

NAME: _____

Building/Room: _____ Phone: _____

Disability: _____

Instructions: _____



Stanford University School of Medicine
SUMMARY: DEPARTMENT EMERGENCY STATUS

Date/time: _____

of pages in this report: _____

Attn: _____

Medical School Office Building X-169 (SOC)

Fax: 498-4193

Ph: 725-4800

From Dept. Contact: _____

Fax: _____

Ph: _____

Dept/Bldg: _____

CURRENT OPERATIONAL SITUATION

Immediate facility and space needs

Urgent equipment requirements to become operational

Critical personnel issues

RECOVERY: DETAILED *SPACE* ASSESSMENT



Use this form to describe damage to utilities, fixtures, ceilings, walls, floors, windows, etc. on each floor of your Department's building(s). Send the information to the Dean/Vice President, with a signed cover memo from the Department head.

DEPT/BLDG:	ROOM:
DAMAGE:	

DEPT/BLDG:	ROOM:
DAMAGE:	

DEPT/BLDG:	ROOM:
DAMAGE:	

DEPT/BLDG:	ROOM:
DAMAGE:	

DEPT/BLDG:	ROOM:
DAMAGE:	

DEPT/BLDG:	ROOM:
DAMAGE:	



RECOVERY: DETAILED *EQUIPMENT* ASSESSMENT

Use this form to describe all damaged furnishings, office-laboratory-research equipment, and materials expended during the emergency. Send the information to the Dean/Vice President, with the Department head's signed cover memo

DEPT/BLDG:		ROOM:
Item:	Manufacturer:	
Model#	SU Inventory#	Original Cost:
Damage description:		
Est. Repair Costs:	Est. replacement Cost:	

DEPT/BLDG:		ROOM:
Item:	Manufacturer:	
Model#	SU Inventory#	Original Cost:
Damage description:		
Est. Repair Costs:	Est. replacement Cost:	

DEPT/BLDG:		ROOM:
Item:	Manufacturer:	
Model#	SU Inventory#	Original Cost:
Damage description:		
Est. Repair Costs:	Est. replacement Cost:	

DEPT/BLDG:		ROOM:
Item:	Manufacturer:	
Model#	SU Inventory#	Original Cost:
Damage description:		
Est. Repair Costs:	Est. replacement Cost:	

RECOVERY: DETAILED *PERSONNEL* IMPACTS



Use this form to describe the emergency's impact on staffing. Describe personnel issues related to program resumption. Document employee overtime related to your emergency response and recovery. Send this information to the Dean/Vice President, with the Department head's signed cover memo.

Summary: EMERGENCY IMPACTS TO DEPARTMENT STAFFING

LIST: STAFF OVERTIME HOURS RELATED TO THE EMERGENCY and emergency duties performed. Include data for temps hired for emergency recovery

Name:	Employee#
Job Title:	Hourly Rate:
Duties Performed:	OT Rate:
	Benefits %
<u>Date(s) Worked</u>	<u>Hours</u>

Name:	Employee#
Job Title:	Hourly Rate:
Duties Performed:	OT Rate:
	Benefits %
<u>Date(s) Worked</u>	<u>Hours</u>

Name:	Employee#
Job Title:	Hourly Rate:
Duties Performed:	OT Rate:
	Benefits %
<u>Date(s) Worked</u>	<u>Hours</u>