

**INFORMATION GATHERING FORM
TO AID IN CREATING / UPDATING EMERGENCY PLAN
AND KEEPING EMERGENCY SUPPLIES ON HAND**

BUILDING NAME:

DATE:

Thermostat location(s)?

Fire Extinguisher(s)? YES NO Location(s)?

Fire Pull Station (s)? YES NO Locations?

Flashlight(s)? YES NO Location(s)?

Type of batteries? How many needed to replace all batteries in flashlight(s)?

1st Aid Kit? YES NO Location?

Emergency Lights? YES NO Locations?

Location(s) of Circuit Breaker Box(es)?

Nearest Land-line (not wireless) Telephone Location?

Are incoming calls possible? YES NO

Gas pipes? YES NO Cut off location?

Water pipes? YES NO Cut off location?

ReAct Pak? YES NO Location?

Extra recovery supplies? List. Location?

Spare batteries (check with COO & Maintenance Supervisor)

Plastic sheeting (check with Maintenance Dept.)

ResCubes (ask Registrar)

Other: (continue list & locations on reverse side)