

EMERGENCY ACTION PLAN

Emergency Plan For:

DEPARTMENT/DIVISION _____

BUILDING (S) _____

FLOOR/ROOM _____

Work Site

Emergency Coordinator

Name _____ Email _____

Evacuation Assembly Areas

Building Assembly Area (Assigned by the Division for Buildings)

Campus Assembly Area (Assigned for Campus wide evacuations)

Braun Athletic Center – Baseball Field

Date of Plan: _____ (Update your plan annually)

By: _____

Title: _____

Submit completed Emergency Action Plan/annual updates for review to:
Environment, Health and Safety
M/C 25-6