

# UCSB DEPARTMENTAL EMERGENCY STATUS REPORT

**Deliver to: Campus Emergency Operations Center (EOC) OR FAX  
x8659**

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Dept \_\_\_\_\_ Bldg Name \_\_\_\_\_ Bldg# \_\_\_\_\_  
 Completed By \_\_\_\_\_ Location \_\_\_\_\_  
 Phone \_\_\_\_\_ Runner's cell phone# \_\_\_\_\_

## PERSONNEL STATUS

Please describe exact location (floor/room) and any important details.  
 Continue on the back if needed.

	# of People	Name	Cell phone#	Home# (More space on 2 <sup>nd</sup> page)
Persons Missing:		1. _____ 2. _____ 3. _____ 4. _____		
Number of personnel present or accounted for:		Names of those who are with you, but not a part of your Department. 1. _____ 2. _____ 3. _____		
Urgent Injuries?	Y/N			
Minor Injuries?	Y/N			
Is anyone trapped?	Y/N			If so, where?
Has Medical assistance arrived?	Y/N			

## **BUILDING STATUS**

UTILITIES                      ON    OFF

Electricity			
Water			
Gas			
Phones			

FIRE /STRUCTURAL Please describe exact location, floor/room and extent of damage.

Fire	Y / N	
Structural Damage	Y / N	
Plumbing Damage	Y / N	

HazMat Hazards: Please describe the location, floor, quantity and any other details

Chemical	Y / N	
Biological	Y / N	
Radiation	Y / N	
Asbestos	Y / N	

Other Observations/Urgent Needs:

**Deliver to: Campus Emergency Operations Center (EOC)  
OR FAX x8659**

**PERSONNEL STATUS (Continued)**

Please describe exact location (floor/room) and any important details

	# of People	Name	Cell phone#	Home#
Persons Missing:		5. _____		
		6. _____		
		7. _____		
		8. _____		

Names of those who are with you, but not a part of your Department.

	# of People	Name	Cell phone#	Home#
Number of personnel present or accounted for:		4. _____		
		5. _____		
		6. _____		
		7. _____		
		8. _____		

=====

**For EOC Use**

Recv'd at EOC by:		Reviewed by:	Prelim Actions Taken: Yes / No	Completed: Yes / No
Date:	Time:	Priority: 1 2 3 4 (Please circle one)		
How was message delivered?				
Attachment? Y / N		Distributed to:		