

WORKPLACE EMERGENCY ACTION PLAN & SAFETY EVACUATION POSTER

CRITICAL EMERGENCY NUMBERS, BUILDING EVACUATION ROUTES, ASSEMBLY POINT & DESIGNATED FIRST AID WARDENS

FACILITY / BUILDING: _____ **PHYSICAL ADDRESS:** _____ **FLOOR / WING:** Floor _____ Suite _____
SAFETY OFFICER: _____ **SAFETY HOTLINE: ()** _____ **REVISION DATE:** ____/____/20____

1. URGENT EMERGENCY DISPATCH SERVICES (DIAL 911 IMMEDIATELY)

FIRE & RESCUE Emergency: 911 Station: () _____ Location: _____	POLICE DEPARTMENT Emergency: 911 Non-Emerg: () _____ Precinct: _____	EMERGENCY MEDICAL Ambulance: 911 Local ER: () _____ Hospital: _____	POISON CONTROL Toll-Free Hotline: 1-800-222-1222 24/7 Available
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2. BUILDING EVACUATION PROTOCOL & ASSEMBLY REGROUPING INSTRUCTIONS

PRIMARY EVACUATION PROTOCOL: 1. Remain Calm: Cease work immediately. Do NOT collect personal items. 2. Use Nearest Stairwell: Do NOT use elevators under any circumstances. 3. Assist Others: Guide visitors and individuals with mobility restrictions. 4. Close Doors Behind You: Confine fire and smoke. Do NOT lock doors. 5. Stay Clear: Keep entrance clear for emergency fire and medical vehicles.	DESIGNATED SAFE ASSEMBLY ZONE & SAFETY EQUIPMENT: Primary Assembly Location: _____ Secondary Weather Backup: _____ AED Defibrillator Location: _____ First Aid Kit Station: _____ Fire Extinguisher Station: _____
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3. TRAINED FIRST AID RESPONDERS & FLOOR EVACUATION WARDENS

WARDEN / RESPONDER NAME	DESIGNATED ROLE	OFFICE LOCATION / DESK	DIRECT MOBILE NUMBER
Chief Safety Warden: _____	Floor Sweep & Rollcall	Suite 400 - Reception	() _____
First Aid & CPR Lead: _____	AED / Medical Response	Suite 420 - Station 4	() _____
Assistant Warden: _____	Stairwell Evacuation Guide	Suite 410 - Station 12	() _____
Facilities Engineer: _____	Utility & Power Shutoff	Building Ops Basement	() _____

Annual OSHA Safety Audit Completed: ____/____/20____

Safety Director Approval: _____

* In any life-threatening situation, evacuate immediately and call 911. Do not delay evacuation to retrieve belongings.