IN CASE OF EMERGENCY - Appendix 5

YOU ARE IN ROOM # _____ IN BLDG# _____ AT PHONE#_____

Employee = Workers' Compensation "First Report of Injury"Student/Visitor = UAF "Accident/Injury Report"

EMERGENCY ASSEMBLY POINT (OUTSIDE): _____

EMERGENCY EVENT	FIRST ACTION	THEN DO THIS
FIRE OR EXPLOSION	Call 911	PULL ALARM, CLOSE DOORS, EVACUATE
CHEMICAL SPILL THAT IS or MIGHT BE LIFE THREATENING	Call 911	EVACUATE TO NEARBY AREA, REMOVE VICTIMS CLOTHING, DOUSE W/ WATER -15 MINUTES
CHEMICAL SPILL NOT LIFE THREATENING	Attend to anyone who may have been contaminated, call EHS&RM Hazmat Section at 474-5617	SECURE SPILL AREA, CLOSE DOORS, NOTIFY NEIGHBORING AREAS. (See Section V.B. of this Plan)
RADIOACTIVE SPILL	Call 911 and RSO	DETAIN THOSE CONTAMINATED, CONSULT RADIATION SAFETY MANUAL
CARDIAC ARREST	Call 911	ENSURE ACCESS TO THE AREA, BEGIN CPR IF QUALIFIED
ODD ODOR Gas Odor	Call CHO, EHS&RM 474-5413, or 474-7721	IDENTIFY SOURCE IF POSSIBLE
EARTHQUAKE If a gas leak or electrical hazard is detected	DO NOT CALL Call 7000 (FS)	INSIDE- GET BENEATH STRUCTURE (desk, doorway) / OUTDOORS GET INTO OPEN AREA AFTER TREMOR.
SECURITY PROBLEM - PERSON OR ANIMAL	Call 474-6200 or 911 24 hrs/UAF Police	GET COMPLETE DESCRIPTION
UTILITY FAILURE	Call x7000 (FS) If after hours call Dispatch at 474-7721	GIVE EXACT LOCATION OF UTILITY FAILURE. TURN OFF EQUIPMENT, MAJOR APPLIANCES. DO NOT USE OPEN FLAMES FOR LIGHTING.
MEDICAL ASSIST	Call 911	COMPLETE THE APPROPRIATE REPORTING FORM*

Please keep this form in a prominent position in your office

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