Classroom Emergency
Person Accountability Form
(for faculty use)

Form Given To:
Name: _____
Time: _____

Faculty Member Name:		**Date:**		**Time:**	
Building Name, Classroom or Lab Room Number and Course Name	**Student Names** **(List the names of all students enrolled in your class or lab at the time of emergency)**	**Present in Gathering Area (Yes or No)**	**Location and/or Status** (if known and not present in your Class, Lab or Building Gathering Area)	**Extent of Injury if Injured**	**Will or Will Not Go To Fieldhouse** (or other Central Campus Gathering Area)

This form will be used to account for all students enrolled in your class or laboratory immediately after an emergency in which building evacuation occurs. Please place names of enrolled students on this form on day 1 of the semester. On day 11 update the form with any changes. In event of evacuation, guide your students in a group from your room to the proper building gathering area. Use this form to immediately account for your students. Be prepared to provide the completed form to emergency response staff to help account for individuals campus wide.

Building Name, Classroom Number and Course Name	**Student Names** **(List the names of all students in your classroom or lab at the time of emergency)**	**Present in Gathering Area (Yes or No)**	**Location and/or Status** (if known and not present in your Building Gathering Area)	**Extent of Injury if Injured**	**Will or Will Not Go To Fieldhouse** (or other Central Campus Gathering Area)