

Emergency Action Plan Orientation List

| Employee Name | |
|-----------------------|--|
| Department | |
| Hire / Transfer Date: | |
| Oreintation Date: | |

| Emergency Procedures | |
|---|--|
| Evacuation route(s) from assigned work area | |
| Evacuation from an unfamiliar area | |
| Location of Emergency Assembly Areas | |
| Receiving and following instructions during an emergency | |
| ALL CLEAR and re-entry procedure | |
| Reporting hazards and / or substandard conditions | |
| Advising anyone who amy require assistance during an emergency evacuation | |
| Location of Emergency Equipment (i.e. Fire Extinguishers, etc.) | |
| Employee Signature | |
| Orientation Conducted By | |
| Joh Position / Title | |