

Appendix A: Emergency Response Operations Forms

Seattle Pacific University
 Disaster Shelter Registration
 Seattle Pacific University
 Emergency First Aid/Medical Form

Shelter Location:

Name: Age: Status: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	Describe Medical Problem (if any)	Describe Treatment Received for Medical Problem (if any)
Emergency Contact Person Name: Relationship: Phone Number:	Home Address (or residence hall if resident student)	
Reason for requiring emergency shelter: 		
I do <input type="checkbox"/> do not <input type="checkbox"/> authorize release of the above information concerning my whereabouts or general condition. Signature _____ Date of Arrival: _____ Departed on _____ to _____		

Name of Injured: _____

Student Faculty

Staff Other

Date: _____ Time: _____

Home Address (or residence hall if resident student): _____

Department (faculty/staff) _____

First Aid/Medical Provider: _____

Type of aid administered (details): _____

Transfer to Medical Facility Off Campus:

Time: _____

Reason: _____

Destination: _____

Accompanied by: _____

Transported via: Ambulance Service Police Fire Other

Extent of Injury: _____

Other known critical information (allergies, etc.): _____

**Seattle Pacific University
Emergency Response Teams**

Emergency Response Team	Leader's Name	Work Phone	Home Phone
First Aid			
Search/Rescue			
Safety and Security			
Facilities Assessment			

Response Team Membership Lists

<u>First Aid</u>	<u>Search/Rescue</u>
<u>Safety and Security</u>	<u>Facilities Assessment</u>

**Seattle Pacific University
Site Status Report - EOC Message Form**

TO: _____ FROM (Name): _____

LOCATION: _____ DATE: _____

TIME: _____ PERSON IN CHARGE AT SITE: _____

Message via: 2-way radio Radio Telephone Messenger

FACULTY/STAFF/STUDENT STATUS

	# Injured	# Hosp./Med.	# Deceased	# Missing/ Unaccounted for
Faculty				
Staff				
Students				
Others				

STRUCTURAL DAMAGE: (Check damage/problem and indicate location(s))

Damage/Problem √ if no
problem Location(s)

Gas Leak		
Water		
Fire		
Electrical		
Communications		
Heating/cooling		
Other		