

Ptarmigan at Cherry Creek

Emergency Evacuation Response Form

Emergency Evacuation Response Personnel

Please establish your Emergency Evacuation Response Personnel. The Emergency Response Personnel will assist in providing basic response and employee assistance during a building *emergency*. Please designate individuals to act in this capacity.

Fire Warden

Employee: _____

Department: _____ Work Schedule: _____

Work Phone: _____ Extension: _____

Email Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Alternate Fire Warden

Employee: _____

Department: _____ Work Schedule: _____

Work Phone: _____ Extension: _____

Email Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Special Assistant (if applicable)

Employee: _____

Department: _____ Work Schedule: _____

Work Phone: _____ Extension: _____

Email Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No

Alternate Special Assistant (if applicable)

Employee: _____

Department: _____ Work Schedule: _____

Work Phone: _____ Extension: _____

Email Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid? Yes No