

Emergency Evacuation Plan

Location/Facility Name:

Address:

Date:

Plan Prepared by:

Contact Phone:

Email:

1. Emergency Contacts

Role	Name	Phone	Email
Evacuation Coordinator			
First Aid			
Security			

2. Evacuation Routes & Exits

Primary Exit(s): _____

Secondary Exit(s): _____

Designated Assembly Area: _____

3. Responsibilities

- **Evacuation Coordinator:** Oversee and verify complete evacuation.
- **Monitors:** Check designated areas and assist as necessary.
- **First Aid:** Provide medical assistance as required.

4. Special Considerations

- Assistance for people with disabilities: _____
- Hazardous materials: _____
- Other considerations: _____

5. Procedures

1. Sound alarm and notify emergency services.
2. Evacuate immediately using designated routes.
3. Do not use elevators.
4. Report to assembly area for roll call.
5. Do not re-enter the building until cleared by authorities.

Prepared By
(Signature / Date)

Approved By
(Signature / Date)

