

CONTINGENCY PLAN CHECKLIST

Retain this form with your CIL and MSDS's

Department:	
Building	Room:
Location of Chemical Inventory List (CIL) and Contingency Plan:	
Location of Material Safety Data Sheets (MSDS's)	

Contact List (Department Head, Safety Officer, and Alternate)

Department Head Name:	Office Phone	Home Phone
Safety Officer Name:	Office Phone	Home Phone
Alternate Safety Officer Name:	Office Phone	Home Phone

Evacuation Information:

Evacuation Route:
Alternate Route (in case primary route is blocked)

Evacuation Personnel List

Evacuation Coordinator (or Bldg. Mgr.) Name:	Office Phone	Home Phone
Alternate Evacuation Coordinator Name:	Office Phone	Home Phone
Person who alerts the Bldg. Mgr. Name:	Office Phone	Home Phone
Alternate Evacuation Informant Name:	Office Phone	Home Phone

Locations of Emergency Equipment

Nearest Pull-Box Fire Alarm:
Nearest Fire Extinguisher:
Nearest Fire Hydrant/Water Source:
Nearest Storm Drain or Water Run-off Point:
Are absorbent materials available in the area to stop a spill from spreading? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please submit a copy of your completed form to:
Environmental Health & Safety Department
120 Physical Plant Services Bldg.