9/11 Drill Down for Safety

Business Emergency Response Plan

Assigned Emergency Duties

Manager-You must complete the first seven items listed below. Add as many names as you feel are necessary to ensure that a particular task will be done in all assigned work areas. Additional responsibilities, assignments, and/or guidance should be incorporated starting at 8 below. Any or all of the first seven items can be modified as necessary, but not deleted. Assignments will be made in numbers one to seven.

1. **TAKE ROLL CALL -** Personnel listed below will pick up a copy of the department roll call roster and take it out to the assembly point to conduct a roll call of the department personnel listed.

Department Work Location(s)_____
Responsible Person(s)

Primary:_____Alternate:_____

Primary:_____Alternate:_____

2. **ASSIST EVACUATION -** Personnel listed below will assist/guide all personnel in the department area out the closest emergency exit that can be safely exited and then to the assembly point. **Remember to take visitors with you!**

Department Work Location(s)_____
Responsible Person(s)

Primary:_____Alternate:_____

Primary:_____Alternate:_____

Primary:_____Alternate:_____

Primary:_____Alternate:_____

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3. **EMPLOYEES WHO NEED ASSISTANCE AND EMPLOYEES ASSIGNED TO ASSIST** - Personnel listed below are assigned as primary and alternates to assist the employees listed to the right who require, or have asked for, physical assistance during an evacuation.

Names of Employees Requiring Assistance:

#1_____ Location:_____

#2_____ Location:_____

#3_____ Location:_____

#4_____ Location:_____

Name of Employee(s) Assigned to Render Assistance:

#1 Primary:_____Alternate:_____

#2 Primary:_____Alternate:_____

#3 Primary:_____Alternate:_____

#4 Primary:_____Alternate:_____

4. **BOMB THREAT** - The personnel listed below should be extremely familiar with the operations of the department and the items physically located in the department area(s). During normal work operations you may be asked to conduct a discreet review of the items in our work area. Pay particular attention to anything that does not belong in the area, or is strange or out of place. Do not touch anything. Do not use telephones. Instead, personally report anything out of place or unusual to your manager or security. If evacuation occurs, the personnel listed below should take a hard look at the department area just prior to evacuation to determine if there are any unusual, or out of place items in the department area. Report anything seen or suspected to Security as soon as possible.

Department Work Location(s)_____
Responsible Person(s)

Primary:_____Alternate:_____

Primary:_____Alternate:_____

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5. **CHECK ADDITIONAL DEPARTMENT AREAS** - Personnel assigned this task should be extremely familiar with the physical layout of the department area(s). Areas such as conference rooms, rest rooms, storage rooms, or other areas, that personnel might be in at evacuation time, should be checked if safe to do so. (Managers of adjacent common areas must collaborate to ensure that all common areas are checked during an evacuation)

Responsible Person(s) **Room/Location**

Primary:_____ Alternate:_____ 1_____

Primary:_____ Alternate:_____ 2_____

Primary:_____ Alternate:_____ 3_____

Primary:_____ Alternate:_____ 4_____

6. **CLASSIFIED MATERIAL CHECK** - Remember, employees have a responsibility to attempt to secure material if safe to do so. Personnel listed below should be extremely familiar with the locations of classified/ proprietary material within the department area. If safe to do so, secure any classified/special items of interest.

Responsible Person(s) **Tasks Assigned**

Primary:_____ Alternate:_____ 1_____

Primary:_____ Alternate:_____ 2_____

Primary:_____ Alternate:_____ 3_____

Primary:_____ Alternate:_____ 4_____

7. **LAST OUT SWEEP** - If safe to do so, a final check of the department work area will be made by the below listed personnel to ensure that all employees and visitors have evacuated.

Responsible Person(s) **Room/Location(s)**

Primary:_____ Alternate:_____ 1_____

Primary:_____ Alternate:_____ 2_____

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8. **OTHER** (Manager - Customize this to include anything that needs to be done within your department area. Consider any utility issues such as electrical or natural gas. Include them only if you have formally coordinated with the Facilities manager. Consider door closures, powering down equipment, saving data, etc. Any number of department issues can be addressed in this section.)

Responsible Person(s)		**Tasks Assigned**
Primary:_____	Alternate:_____	1_____
Primary:_____	Alternate:_____	2_____
Primary:_____	Alternate:_____	3_____
Primary:_____	Alternate:_____	4_____