



9/11 Drill Down for Safety

Business Emergency Response Plan

Department Emergency Plan Contact Sheet

Revision #

Current Date

This cover sheet is submitted for the departments listed below. Fill in the details under the headings below for each department reported. (Do not list names of personnel or departments for which you are not the responsible manager.)

Department(s) Name Location-Bldg/Room Assigned Evacuation Assembly Area(s)

The employees listed below have experience in the special skills listed and are willing to assist the site after occurrence of an emergency or disaster.

Employee Name Phone Extension Special Skills

The Department Emergency Plan(s) is/are complete and all assigned employees of the department(s) listed above have been informed of their responsibilities and duties as required by the site plan and as assigned by their manager or the manager in the area where they work.

Department Point of Contact:

Name: _____

Phone No. _____

Department Manager:

Name: _____

Phone No. _____

Signature _____

Date _____