

Section 1D.2: Department Evacuation Form

Department: _____

Unit Supervisor: _____

Date of Incident: _____

Total Accounted for: _____

Total Missing: _____

Name	Location	Known Status			If missing, last known location
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	
		<input type="checkbox"/> Present	<input type="checkbox"/> Location known	<input type="checkbox"/> Missing	

Unit Supervisor signature: _____