

**Building / Department  
Emergency Action Plan**

# EMERGENCY ACTION PLAN

for

**Building Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**DATE PREPARED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## **EMERGENCY PHONE NUMBERS**

Public Safety 1-401-254-3333  
Emergency 911 or 9-911 from a campus phone

## **EMERGENCY REPORTING AND EVACUATION PROCEDURES**

Types of emergencies to be reported by site personnel are:

MEDICAL

FIRE

SEVERE WEATHER

BOMB THREAT

CHEMICAL SPILL

ACTIVE SHOOTER

## **CALLING IN AN EMERGENCY**

Provide the following information:

- a. Nature of medical emergency giving as much information as possible
- b. Location of the emergency (address, building, room number)
- c. Your name and phone number from which you are calling



## **Department Captains**