

TRAINING CHECKLIST – SAC STATE EMERGENCY ACTION PROGRAM

Employee Name:	Ext:	Date:
Program Center:	Dept:	

	ACTION REQUIRED	INITIALS
1.	I have been instructed by my supervisor or my IIPP/Emergency Response Coordinator regarding my responsibilities during an emergency.	
2.	I have reviewed the <i>Sac State Emergency Action Program</i> (www.rms.csus.edu/dcp/eap/) developed in accordance with the requirements of 8 CCR § 3220.	
3.	I have read the information contained in the <i>Sac State Emergency Response Manual, "How to Help Yourself and Others During an Emergency."</i> (http://www.csus.edu/police/erm.stm)	
4.	<p>a. I have identified the primary and alternate exits from my work location. I understand how to safely exit the building during an emergency.</p> <p>b. I have identified and visited the location where my department will be congregating following a building evacuation.</p> <p>Please describe your exit route and department meeting location:</p>	
5.	I understand that I am to report to my supervisor or his/her designee, at the assigned meeting location immediately following an evacuation.	
6.	<p>I have been assigned essential duties to be carried out during an emergency.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes: I have reviewed my emergency duties with my supervisor and/or the IIPP/Emergency Coordinator.</p> <p>Please provide a basic description of your duties: <i>Check all that apply:</i> <input type="checkbox"/> Site Control/Operational <input type="checkbox"/> Rescue <input type="checkbox"/> Medical</p>	
7.	I have been instructed in the preferred means for reporting fires and other emergencies. Briefly describe your emergency reporting process.	
8.	<p>I have located the emergency equipment and/or supplies for my work area (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Eyewash Station <input type="checkbox"/> Safety Shower <input type="checkbox"/> Alarm Pull Station</p> <p><input type="checkbox"/> First Aid Supplies (where required) <input type="checkbox"/> HazMat Response Supplies <input type="checkbox"/> Other: _____</p>	
9.	I understand that I can contact the Office of EH&S @ 8-6456 or the Public Safety Department @ 8-6851 if I have questions regarding campus safety or emergency response.	

Employee's Name (print)

Signature

Date

Supervisor's Name (print)

Signature

Date

Return this form, with all boxes initialed and signatures obtained, to the Office of EH&S at m/s 6145