

St. Clair County Community Mental Health Authority

Emergency Event

TYPE:

☐ Fire

☐ Power Failure/ (Utility) Failure

☐ Suspicious Mail/Package

☐ Chemical or Biological Incident

☐ Bomb Threat

☐ Natural Disaster/Adverse Weather

☐ Potentially Dangerous Person/Workplace Violence

☐ Medical Emergency (or Situation)

BUILDING/SITE: _____ **DATE:** _____

SPECIFIC LOCATION: _____ **TIME:** _____

SENIOR STAFF PRESENT AT EMERGENCY: _____

ADDITIONAL STAFF INVOLVED:

STEP-BY-STEP ACTIONS TAKEN:

EVACUATION TIME (if applicable): _____

IMPROVEMENT OPPORTUNITIES: ☐ No ☐ Yes, Explain:

Signature

Date