

UC RIVERSIDE - Building Evacuation Roster

BUILDING/LOCATION: _____

	LAST NAME	FIRST NAME	EVACUATED	FACULTY	STAFF	STUDENT	VISITOR	INJURED	TRAPPED	LEFT EAA	DATE	TIME	
1													<p>INSTRUCTIONS</p> <p>Place an "X" in the box to indicate affiliation to the campus. Complete all boxes. Total columns in the boxes below.</p> <hr/> <p>TOTAL EVACUATED</p> <hr/> <p>TOTAL FACULTY</p> <hr/> <p>TOTAL STAFF</p> <hr/> <p>TOTAL STUDENTS</p> <hr/> <p>TOTAL VISITORS</p> <hr/> <p>TOTAL INJURED</p> <hr/> <p>TOTAL TRAPPED</p> <hr/> <p>TOTAL LEFT EAA</p> <hr/> <p>TOTAL UNKNOWN</p>
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