

Emergency Event Log

Event Details

Event Date*: _____

Event Time*: _____

Type of Emergency*: _____
Options: Fire, Medical, Chemical Spill, Natural Disaster, Security Threat, Other

Location of Event*: _____

Event Description*: _____

Person in Charge*: _____

Actions & Notifications

Immediate Actions Taken: _____

Agencies Notified:

| Agency Name | Contact Person | Time Notified |
|-------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

Follow-up Required

Follow-up Details: *(Fill only if applicable)*

Witnesses

Witnesses:

| Name | Contact Phone | Statement Provided |
|------|---------------|--------------------|
| | | |
| | | |
| | | |
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