

St. Clair County Community Mental Health
Emergency Event

TYPE:

- | | |
|---|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Bomb Threat |
| <input type="checkbox"/> Power Failure/ (Utility) Failure | <input type="checkbox"/> Natural Disaster/Adverse Weather |
| <input type="checkbox"/> Suspicious Mail/Package | <input type="checkbox"/> Potentially Dangerous Person/Workplace Violence |
| <input type="checkbox"/> Chemical or Biological Incident | <input type="checkbox"/> 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