

TRAINING CHECKLIST  
**Sacramento State EMERGENCY ACTION PROGRAM**

Employee Name:	Ext:	Date:
Employee ID Number:	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 Sac State Emergency Action Program developed in accordance to the requirements of 8 CCR § 3220 <a href="http://www.csus.edu/aba/ehs/documents/eap_full.pdf">www.csus.edu/aba/ehs/documents/eap_full.pdf</a>	
3.	I have read the information contained in the Sac State Emergency Response Manual, <a href="http://www.csus.edu/aba/Police/Documents/Emergency%20Response%20Manual.pdf">http://www.csus.edu/aba/Police/Documents/Emergency%20Response%20Manual.pdf</a>	
4.	I have identified the primary and alternative exits from my work location. I understand how to safely exit the building during an emergency.  I have identified and visited the location where my department will be congregating following a building evacuations. My exit route and department meeting location is (please describe below)	
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.	I have been assigned essential duties to be carried out during an emergency <input type="checkbox"/> YES <input type="checkbox"/> NO If yes; I have reviewed my emergency duties with my supervisor and or the IIPP/Emergency coordinator.  Check all that apply: <input type="checkbox"/> Site Control/Operational <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Please provide a basic description of your duties:	
7.	I have been instructed in the preferred means for reporting fires or other emergencies. Briefly describe your emergency reporting process:	
8.	I have located the emergency equipment and/or supplies for my work area ( <i>check all that apply</i> ): <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Eyewash Station <input type="checkbox"/> Safety Shower <input type="checkbox"/> Alarm Pull Station <input type="checkbox"/> Emergency First Aid Supplies <input type="checkbox"/> HazMat Response Supplies <input type="checkbox"/> Other: _____	
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