

## Missing Persons Form

Name of Missing Person (example John Doe)	Floor missing from (example Floor C)	Last known Room # (example room D1234)	Closest Stairwell North or South

**Department Representative**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Fire Official/Incident Commander**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**In the event of a missing person please complete this form and forward it the Fire Official/Incident Commander (or designee)**

**Fire Buddy Accountability Form**

<b>Name of Buddy (example John Doe)</b>	<b>Floor # (example Floor C)</b>	<b>Room # (example room 21)</b>	<b>Extension of Room (example 2-1234)</b>	<b>Closest Stairwell North or South</b>	<b>Total # of People with Disabilities</b>

**Fire Buddy Accountability Form  
Evacuation Area**

UNIT: _____ DATE AND TIME: _____ Completed by: (PLEASE PRINT) _____
---