

Patient Evacuation Tracking Form
(Must be completed when units/floors are evacuated)

Name of Patient	Medical Record # (or place sticker)	RN Responsible for Patient	Patients original room assignment	Evacuated patient's new room assignment OR transferring agency name	Was Family Notified Y/N	Equipment/ Clothing/ Valuables Sent with Patient	Place NJ Triage Tag Below

Send Patient's Chart and Medications with patient!!

NOTE: Reproduce this page as many times as necessary to include all patients evacuated.

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

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

**Fire Buddy Accountability Form
Evacuation Area**

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