



UNIVERSITY HOSPITAL
Newark, New Jersey

Fire Alarm Activation – Patient Accountability Form

This form is to be completed by the Unit Manager/Charge Nurse on:

Infant/Pediatric/L&D Units in the event of a Fire Alarm Activation. The unit is to be surveyed to ensure that all patients are accounted for.

Date: _____ Time: _____

Unit: _____

Manager/Charge Nurse: _____
(Print name)

Signature: _____

Form to be faxed to 973-972-1445 (Hospital Support Services), during the shift of the fire alarm activation.