

Appendix I

Evacuation Warden Headcount Checklist

Building Name: _____ Assembly Point: _____
 Evacuation Warden: _____ Time and Date: _____

Employees / Visitors	Present	Absent	In Field	Injured	Missing	Last Known Location	Emergency Assignment
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Evacuation Warden Headcount Checklist cont.

Employees / Visitors	Present	Absent	In Field	Injured	Missing	Last Known Location	Emergency Assignment
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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