

Blank Office Safety and Evacuation Plan Form

Office/Department Name

Office Location/Address

Supervisor/Manager

Date of Plan

1. Evacuation Routes

Describe designated evacuation routes and exits:

2. Assembly Point

Designated assembly location outside the office/building:

3. Emergency Contacts

Name/Title	Role/Responsibility	Phone Number

4. Special Instructions & Considerations

Evacuation steps for persons with disabilities, visitors or other special instructions:

5. Responsibilities

Task	Assigned Person(s)
Evacuation Lead	
First Aid/Medical Support	
Headcount & Accountability	

Equipment Shut Down

6. Notes & Additional Information

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