UAB University Hospital
Fire Drill (Code Red)

STAFF PARTICIPATION FORM

Point of Origin
Bldg./Floor/Room: ____ **Date**: _________________
Your location (Bldg./Floor): _________________________________ **Day**: Mon Tues Wed Thurs Fri Sat Sun
Department/Unit manager: __________________________________ **Shift**: Day Evening Night

(PLEASE PRINT NAME CLEARLY)

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Please fax completed form to Hospital Safety at 975-9445