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**Emergency Response Team**

**Equipment Monitoring Checklist**

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**DATE CHECKED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUILDING DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Building Evacuation Maps (Semi-Annual Check – August and February)**

\_\_\_\_\_\_All rooms and offices have posted evacuation maps.

\_\_\_\_\_\_The following rooms/offices do not have posted evacuation maps.

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1. **Emergency Lighting (Semi-Annual Check – August and February)**

 Is lighting operational? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **First Aid Kits (Semi-Annual Check - August and February)**

 Does First Aid Kit contain all required supplies/materials? YES\_\_\_\_\_ NO\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Fire Extinguishers (Semi-Annual Check – August and February)**

Last date extinguisher was checked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUILDING CAPTAIN OR CO-CAPTAIN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**