THE UNIVERSITY OF ADELAIDE AUSTRALIA

1

EMERGENCY ACTION LOG

Type of Incident_____

Your role_____

Your name_____**Contact No.**_____

Location (Campus, Building)_____

DATE / /

Page _____of _____

TIME	✓ if approx	DETAILS

OTHER COMMENTS

Attach to the Emergency Incident Report and forward to Security Office.

(To form part of the Emergency debrief documents.)