

**Loyola University New Orleans
EMERGENCY EVACUATION PROCEDURES**

Office Monitor Information

Office Name and Office Number: _____

Name of Office Monitor and Alternate: _____

Name of Floor Monitor and Alternate: _____

Name of Building Coordinator and Alternate: _____

Please specify the predetermined meeting place for your office and your building.

Please specify the locations of the D.E.A.L.s on your floor.

Specify the areas to be checked by Office Monitor

Please indicate any special circumstances in your office that might impair firefighting or rescue efforts.

A copy of this form must be kept in the Building Coordinator's office for training and inspection purposes. Once a year, the Building Coordinator must review this form and update it (if necessary). A completed and updated copy must be sent to the University Police Department.