COUNTERSPHERICS

Facility Evacuation Sheet

Company: _____
Division: _____
Facility: _____
Date: _____

TRANSPORT CODE
A – Ambulance | **H** – Helicopter | **V** – Vehicle
O – Other

MERLENN® Operator System Use:

Use **MERLENN® Continuity** SAR Plan Actions (**SARPA**) and or Human Loss & Injury Accounting as applicable.

Step 1	Print Evacuation Date & Time
Step 2	Print First & Last Name
Step 3	Mark Transportation Type
Step 4	Enter Alternate Facility Name
Usage:	Use MERLENN® Continuity Screens

DATE/TIME	INDIVIDUAL / TEAM	TYPE				FROM → TO LOCATION
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	
		A	H	V	O	