APPENDIX VI: MAILROOM
BUILDING-SPECIFIC INFORMATION

1. To summon immediate assistance, to report an accident, serious injury or a crime in progress, call:

POLICE, FIRE, MEDICAL EMERGENCY.................................................................911

911 or 6501 from IU building phones connect to IUPD

911 from a cell phone routes to emergency dispatch center assigned to receiving cell tower

2. EMERGENCY EVACUATION route maps ARE posted throughout building.

3. The building has:
   
   a. NOAA all-hazards radio(s) in room(s):________________________________________

   b. AM/FM radio(s) in room(s):________________________________________________

   c. television(s) that receives(outside stations) in room(s):_________________________

   d. a smoke/heat detection and/or sprinkler system. YES
   
   • It/They WILL automatically activate the fire alarm.
   • The fire alarm WILL send a notification to IUPD/Control Center.
   • There ARE NOT manual fire alarm pull stations on each floor (no pull station in basement).

   e. a publically-accessible AED. NO
   
   • AED(s) is(are) located in room(s):_____________________________________________

   f. a publically-accessible first aid kit. NO
   
   • First aid kit(s) is(are) located in room(s):_______________________________________

4. In an emergency, communication will be by (choose all that apply):

☒ Building alarm
☐ Public address system
☒ Voice
☒ IU Notify
5. Emergency Control Committee Chairpersons are:

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<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>LOCATION</th>
<th>PHONE #</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Nowak</td>
<td>Director of Police &amp; Safety</td>
<td>MS116E</td>
<td>219-980-6671</td>
<td><a href="mailto:nowakpat@iun.edu">nowakpat@iun.edu</a></td>
</tr>
<tr>
<td>Kathryn Manteuffel</td>
<td>Director of EH&amp;S</td>
<td>SH301</td>
<td>219-981-4230</td>
<td><a href="mailto:kmanteuf@iun.edu">kmanteuf@iun.edu</a></td>
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6. Emergency Control Committee Members are:

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<tr>
<th>NAME</th>
<th>FLOOR REPRESENTED</th>
<th>LOCATION</th>
<th>PHONE #</th>
<th>E-MAIL</th>
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<tr>
<td>Kevin Richwalski</td>
<td>building</td>
<td>MR102</td>
<td>219-980-6713</td>
<td><a href="mailto:krichwa@iun.edu">krichwa@iun.edu</a></td>
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7. When sheltering in place, emergency actions will be coordinated from the IUPD/control center.

8. In the event of a tornado, occupants will shelter in an area without windows (basement). See EMERGENCY EVACUATION maps.

9. The procedure for accounting for building occupants during an evacuation is for supervisors to take a roll call of employees at the primary evacuation meeting area. Any employees missing or suspected of being trapped inside the building must be reported to Emergency Control Committee Members (clearly identified in yellow/lime green reflective vests).

10. During an emergency evacuation of the building, occupants should go to:
   a. The primary evacuation meeting area, which is north of the mailroom (preferably on the north side of 33rd Ave.).
   b. During inclement weather, the meeting area is Moraine Student Center lounge (Please do not proceed to this location until roll call has been completed and you have been accounted for.).
11. The procedure for reporting missing, trapped or injured individuals to emergency personnel is to share this information with Emergency Control Committee Members (clearly identified in yellow/lime green reflective vests). They will then relay this information to Emergency Responders.

12. For those needing assistance, the building has the following areas which would be searched first during an emergency:
   - Basement

13. Those trained in CPR/First Aid are:

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<th>NAME</th>
<th>TRAINING TYPE</th>
<th>LOCATION</th>
<th>PHONE #</th>
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14. This building DOES NOT have critical operations that must be shut down by designated personnel.

15. This building has which of the following utilities (choose all that apply):
   - ☑ Electricity
   - ☑ Gas
   - ☐ Steam
   - ☑ Water
   
   NOTE: Only trained and authorized personnel shall conduct shutdown operations.

16. The locations of the following are:
   a. MSDS/SDS: _____________________________________________________________
   b. PPE: __________________________________________________________________
   c. Spill Containment Kit: ________________________________________________