APPENDIX VI: IU NORTHWEST—PORTAGE UNIVERSITY CENTER

1. To summon immediate assistance, to report an accident, serious injury or a crime in progress, call:
   POLICE, FIRE, MEDICAL EMERGENCY (Porter County Sheriff Dept. Dispatch)........(219) 477-3122
   POLICE, FIRE, MEDICAL EMERGENCY (Porter County Sheriff Dept. Dispatch)........(219) 477-3123

   Then contact IUPD at 911 or 6501 from an IU phone
   911 from a cell phone routes to emergency dispatch center assigned to receiving cell tower

2. EMERGENCY EVACUATION route maps ARE NOT 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(receive) 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 NOT send a notification to IUPD.
      • There ARE manual fire alarm pull stations on each floor.
   e. a publically-accessible AED. NO
      • AED(s) is(are) located in ________________
   f. a publically-accessible first aid kit. NO
      • First aid kit(s) is(are) located in ________________

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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>LOCATION</th>
<th>PHONE #</th>
<th>E-MAIL</th>
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</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:

<table>
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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>Lori Weed</td>
<td>IU–leased space</td>
<td></td>
<td>219-980-6956</td>
<td><a href="mailto:laweed@iun.edu">laweed@iun.edu</a></td>
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7. When **sheltering in place**, emergency actions will be coordinated from the **control center**.

8. In the event of a **tornado**, occupants will shelter on the first floor in an area without windows (such as a restroom, stairwell, hallway, office or classroom).

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 the **primary evacuation meeting area**, which is a minimum of 100 feet north of the building—in the parking lot.
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:
   - 2nd floor, reception area, east side of building

13. Those trained in **CPR/First Aid** are:

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<tr>
<th>NAME</th>
<th>TRAINING TYPE</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**: _________________________________