

Appendix B
Campus Declaration of Emergency - Impairment of Facilities

Instructions: Submit this completed declaration to the appropriate SUCF Campus Program Manager or the **SUNY** Office for Capital Facilities. For critical or serious emergencies, the following information should be phoned or emailed to the SUCF or OCF as soon as possible. In addition, documentation such as pictures, videos, witness statements, official reports, etc. should be maintained by campus. *All "construction emergencies" requesting funding through the State University Construction Fund emergency program must be reported on this form.*

1. General information

Campus Name:	Date of Report:
Campus Contact Person:	Campus Contact Phone:
SUCF Personnel Contacted:	Date SUCF Contacted:

2. Description of Emergency (Use attachments if necessary)

Date and Time Emergency Occurred:
Campus Buildings and Facilities Affected (Please include building numbers):
If Site Related, Where on Campus:
Describe Nature and/or Type of Damages (include loss of electric, heating, cooling, water supply, sanitation, etc):

3. Additional Information

Did Emergency Personnel Respond?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If Yes, Which Ones?
Did Any Personal Injury Occur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, How Many Individuals? Were Individuals Taken to Hospital or Treated on Site?
Were Facilities Evacuated?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If Yes Which Ones?

4. Other Individual/Agencies Contacted

Name of Agency or Individual	Contact Name	Title	Phone Number	Date and Time

5. Sign below and submit to the State University Construction Fund

 Campus President or Designee Date

To Be Completed By SUCF or OCF:
 Date Report Received: _____ Emergency Approval: Yes_ No
 Emergency Project Number and Title: _____
 Funding Source and Amount: _____
 Reviewed and Approved By: _____
 Basis for Rejection: (See Attached)
