HURRICANE EMERGENCY OPERATIONS
CONTENTS SURVEY FORM

☐ St. Thomas Campus ☐ St. Croix Campus

ADMINISTRATIVE UNIT: _____

Contents	Quantity	Tag ID	For Physical Plant Use

List other special needs (refrigeration, hazardous material, etc.)

_____

_____

_____

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_____

Please return the form to the Associate Campus Administrator for Operations Office by Friday, June 30, 2006.
Your usual cooperation is greatly appreciated.

Signed: _____ _____
Department Head/Supervisor Date

_____ _____
Building Coordinator Date