

ELOPEMENT/MISSING RESIDENT INFORMATION

Drill Actual Elopement

Date: _____ Current Time: _____ Time Resident was last seen: _____

Resident Information / Physical Description

Resident's Name: _____ Suite # _____

Emergency Contact's Name: _____ Phone: _____

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses: Yes No

Special Identifying Features: _____

Clothes last worn: _____

Search Area

Resident Suites	<input type="checkbox"/>	Resident Laundry	<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>
Common Areas	<input type="checkbox"/>	Staff Laundry	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>
EVS Closets	<input type="checkbox"/>	Staff Lounge	<input type="checkbox"/>	Storage Sheds	<input type="checkbox"/>
Tub / Shower Rooms	<input type="checkbox"/>	Spa	<input type="checkbox"/>	Greenhouses	<input type="checkbox"/>
Public / Staff Restrooms	<input type="checkbox"/>	Wellness Center	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Kitchens	<input type="checkbox"/>	Tavern	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Resident Found: Yes No Location: _____ Time: _____

Resident Not Initially Found

If the Resident is not initially found, complete this section. If found, skip to "After Resident is Found" section.

Notify the following:	Time Completed	Notified by
<input type="checkbox"/> General Manager	_____	_____
<input type="checkbox"/> Director of Health & Wellness	_____	_____
<input type="checkbox"/> Police Department	_____	_____
<input type="checkbox"/> State Hotline (if applicable)	_____	_____
<input type="checkbox"/> Atlas Management	_____	_____
<input type="checkbox"/> Resident's Emergency Contact	_____	_____

After the General Manager and Director of Health & Wellness are notified, they are responsible for notifying the Police Department, Atlas Management, and the Resident's Emergency Contact.

Resident Files	Time Completed	Completed by
<input type="checkbox"/> Prepare access to the Resident's account for authorities.	_____	_____
<input type="checkbox"/> Make copies of Resident's photo for authorities helping in the search.	_____	_____

After Resident Found

Notify the following:

- General Manager
- Director of Health & Wellness
- Police Department
- State Hotline (if applicable)
- Atlas Management
- Resident's Emergency Contact

Time Completed

Notified by

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Location Resident was found: _____ Time: _____

Future steps to help prevent elopement:

Director of Health & Wellness Name

General Manager / Manager-on-Duty Name

Director of Health & Wellness Signature

General Manager / Manager-on-Duty Signature