

INSTRUCTIONS: *Completion of this form is voluntary. No employee will be required to complete and submit PS Form 8047.* This information is to be used to assist the Postal Service™ and public health officials in identifying individuals who were in a facility at the time of a Critical Event, and to provide updated contact information if the Critical Event is confirmed as authentic. *Please read the Privacy Act Statement prior to completion of this form.*

Privacy Act Statement: Your information will be used to assist the Postal Service and public health officials to identify individuals who were in a facility at the time of a critical event. Collection is authorized by 39 U.S.C. 401 and 410. Providing the information is voluntary, but if not provided, the Postal Service will be limited in its ability to evaluate the impact of the event on you and to contact you with important health and safety information. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to your private treating physician, to medical personnel retained by the USPS, and/or to public health agencies.

I. Individual Identification and Contact Information

Name (Last, first, MI)		Date of Occurrence	Approximate Time of Occurrence
Please check appropriate box to indicate your status: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor (Indicate Employing Firm: _____) <input type="checkbox"/> Non-Postal Service (E.g., customer, visitor)		Home Address (Number, street, suite, etc.)	
		City	State ZIP+4®
Pay Location (if applicable)	Supervisor (if applicable)	Telephone Numbers (including area code and extension) Please provide information to cover a 24-hour period. Home _____ Cell _____ Office _____ Pager _____	
Please provide in the space below the name and telephone number(s) of a family member, friend or other individual who can help locate you in the event that the Postal Service cannot reach you directly.		USPS Contact Office Address (Number, street, suite, etc.)	
Name (Last, first, MI) _____			
Home _____ Cell _____			
Office _____ Pager _____		City	State ZIP+4

II. Facility Information

Facility Name/Address (Number, street, suite, etc.)			What route did you take to exit the facility?
City	State	ZIP+4	
Where were you located in the building at the time of the notice to evacuate?			What rally point did you report to? (Where outside the building were you asked to assemble with other people following the notice to vacate?)

IMPORTANT: If you were inside the installation at the time of the alert, please complete the following questions using the table below: What activities were you performing for the two hours prior to the evacuation? Where were you located in the building? What was the duration of each activity you performed? (Examples of activities: work performed, breaks, lunch.)

Activities	Location	Duration

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