

Critical Event/ Individual Status Report

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 a			rooming rotation by t	110 001 0, 4114/0	n to public	nodiai agonoloo.
Name (Last, first, MI)		Date of Occurrence	Occurrence Approximate Time of		ate Time of Occurrence	
Please check appropriate box to indic	cate your status:		Home Address (Nur	mber, street, suit	te, etc.)	
 ☐ Contractor (Indicate Employing Firm:)	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			our period.
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.		Office	Pager Office Address (Number, street, suite, etc.)			
Name (Last, first, MI)						
Home	Cell		City		State	ZIP+4
Office	Pager		S.i.y		Juliano	
II. Facility Information						
City	State	ZIP+4	-			
Where were you located in the building	ng at the time of the n	otice to evacuate?				side the building were you the notice to vacate?)
IMPORTANT: If you were inside the performing for the two hours prior to (Examples of activities: work perform	the evacuation? Whe					
Activities		Location		Duration		



Critical Event/ Individual Status Report

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.

Name (Last, first, MI)			Date of Occurrence	Approxin	Approximate Time of Occurrence	
Please check appropriate box to inc	dicate your status:		Home Address (Number, str	reet, suite, etc.)		
☐ Employee						
☐ Contractor (Indicate Employing Firm:		City	State	ZIP+4®		
☐ Non-Postal Service (E.g., o	customer, visitor)					
Pay Location (if applicable)	Supervisor	(if applicable)	Telephone Numbers (including area code and extension) Please provide information to cover a 24-hour period.			
Places provide in the space helow	the name and telephor	an number(s) of a family	Home	Cell .		
	e provide in the space below the name and telephone number(s) of a family per, friend or other individual who can help locate you in the event that the		0.5			
Postal Service cannot reach you directly.				Pager		
			USPS Contact Office Address (Number, street, suite, etc.)			
Name (Last, first, MI)						
Home	Cell					
			City	State	ZIP+4	
Office	Pager					
II. Facility Information						
City	State	ZIP+4				
Where were you located in the build	ding at the time of the ne	otion to oversuate?	What rally point did you rep	ort to? (M/boro out	aida tha building wara w	
where were you located in the built	ang at the time of the fic	nice to evacuate:	asked to assemble with oth			
IMPORTANT: If you were inside the performing for the two hours prior to (Examples of activities: work performing to the control of the contro	the evacuation? Wher					
Activities		Location		Duration		



Critical Event/ Individual Status Report

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.

Board or Office of Special Counse I. Individual Identification			i personnel retained by	tne USPS, and/o	or to public	nealth agencies.
Name (Last, first, MI) Please check appropriate box to indicate your status: Employee Contractor (Indicate Employing Firm:			Date of Occurrence	9	Approximate Time of Occur	
		Home Address (Number, street, suite, etc.) City State ZIP+4®				
□ Non-Postal Service (E.g.,	customer, visitor)					
Pay Location (if applicable)	Superv	isor (if applicable)	Please provide inf	Telephone Numbers (including area code and extension) Please provide information to cover a 24-hour period.		
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. Name (Last, first, MI)			Office	Cell Pager ct Office Address (Number, street, suite, etc.)		
Home			_			
Office	Pager		City		State	ZIP+4
II. Facility Information						
City	State	ZIP+4				
Where were you located in the bui	ilding at the time of th	e notice to evacuate?	What rally point dic asked to assemble	I you report to? (with other peop	(Where out le following	side the building were you g the notice to vacate?)
IMPORTANT: If you were inside the performing for the two hours prior (Examples of activities: work performing)	to the evacuation? V	Vhere were you located in the		-		-
Activities		Location		Duration		