

## FIRE LIFE SAFETY & RESPONSE STANDARD OPERATING PROCEDURES Annual Review Code Red

I hereby acknowledge by my signature that I have reviewed the **EM 1021 RUHS Medical Center Standard Operating Procedures for Code Red**. I further acknowledge that it is my responsibility to respond and participate in all Fire Life Safety activations/events as required by procedural guidelines.

NAME (PLEASE PRINT)	UNIT OR DEPARTMENT	SIGNATURE



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Medical Center Standard Ope Life Safety and Response. I	ctor, I hereby acknowledge that staff herating Procedures for Code Red as understand that if I or my departme I may ask Hospital Safety Office for a	s part of annual compliance to Fire nt/ unit staff have any questions
Department Manager/Design	gnee Signature	Date