

Florida Regional Service Conference

*Area / Group Meeting Information
Workgroup on Liability Insurance*

Group Name: _____

Area: _____

Region: Florida Region of Narcotics Anonymous

Address of Meeting Location: _____

How many days a week is the meeting held: _____

1. Average Attendance: _____

2. Meeting Times: _____

3. How many exits: _____

4. Are all exit doors clearly marked? _____

5. Are exit doors equipped with panic hardware? _____

6. How Many Fire extinguishers: _____

7. How often are they serviced? _____

8. Is there a fire escape? _____

9. Type of parking lot: _____

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10. Is the parking lot well lit? _____

11. Do you have a written emergency evacuation plan? _____

12. If yes are the emergency evacuation procedures and floor plan posted? _____

13. Have you established a central meeting point outside the building in case of emergency? _____

14. Does the emergency plan include notification of emergency services? _____

a. How Long at Current Address: _____

Current GSR: _____

Area RCM: _____

Please have each GSR complete the attached form answering the questions relative to their meeting location. RCM's please bring to RSC as they are completed.