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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safety  personal emergency evacuation plan |

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| If an occupant of your building requires assistance in the event of evacuation, please use this form. |
| Occupant’s Name: |
| **Location:** |
| Building/Facility: |
| Floor: |
| Room Number: |
| Is there an assistance animal involved?  Yes  No |
| Are you trained in the emergency response procedures?  Yes  No |
| Can you be notified of an emergency with existing building emergency systems?  Yes  No  If “No” a suitable alternative method for notification will be: |
| **Type of assistance required, please list:** |
|  |
|  |
|  |
|  |
| **Equipment required for evacuation:** |
|  |
|  |
| **Egress procedure:** |
|  |
|  |
|  |
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|  |  |  |
| --- | --- | --- |
| **Designated assistants and contact details** | | |
| Name: | | |
| Phone: | | |
| Mobile: | | |
| Designated assistants trained in the evacuation equipment | | Yes  No |
| Are your designated assistants trained in the emergency response procedures (including the evacuation procedures)? | | Yes  No |
| Are your designated assistants trained in the use of evacuation equipment | | Yes  No |
| *Insert diagrams of preferred routes for assisted evacuation if required:* | | |
| **Issue date:** | **Review date:** | |
| Occupant Signature: | | Date: |
| Chief Warden Signature: | | Date: |