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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetypersonal 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 [ ]  NoIf “No” a suitable alternative method for notification will be:       |
| **Type of assistance required, please list:** |
|       |
|       |
|       |
|       |
| **Equipment required for evacuation:** |
|       |
|       |
| **Egress procedure:** |
| 1.
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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:       |