

Personal Emergency Evacuation Plan

This form is to be used to assist the ECO in the notification and evacuation of disabled occupants and visitors from University premises.

Occupants Name _____

Location: _____

Building/Facility _____

Floor _____

Room Number _____

Is an Assistance Animal involved? Yes No

Are you trained in the emergency response procedures: (Including the evacuation procedures)? Yes No

Preferred method of receiving updates to the emergency response procedures:

(Please state, e.g. text, email, Braille etc.)

Preferred method for Notification of Emergency:

(Please state, e.g. visual alarm, personal vibrating device, sms etc.)

Type of assistance required:

(Please list procedures necessary for assistance.)

Equipment required for evacuation:

(Please list.)

Egress procedure:

(Give step by step details.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Designated assistants and contact details:

(Please list name, phone number, mobile, email.)

Are your designated assistants trained in the emergency response procedures (including the evacuation procedures) Yes No

Are your designated assistants trained in the evacuation equipment Yes No

Diagram of preferred route for assisted evacuation:

(Please provide diagram.)

Issue Date:/....../....

Review Date:/....../....

Occupant approved:

Date:/....../....

Signature

Chief Warden Approved:

Date:/....../....

Signature