

Personal Emergency Evacuation Plan

Occupants Name

Occupant Contact Number

LOCATION:

Level/Floor No.

Room/Suite No.

Building Name

Company Name

Address

Workstation Location

QUESTIONS:

Is an assistance animal involved?

Yes

No

Are you trained in Emergency Response Procedures?

(including Evacuation Procedures)

Yes

No

Preferred method of receiving updates to the Emergency Response Procedures:

(Please state, eg. text, email, braille, verbal, etc.)

Preferred method of notification of an emergency:

(Please state, eg. visual alarm, personal vibration device, SMS, etc.)

Type of assistance required:

(Please list procedures necessary for assistance)

Issue Date:	Review Date:
Occupant Approved: (Signature)	Date:
Chief Warden: (Signature)	Date:

Personal Emergency Evacuation Plan

Equipment required for evacuation:

(Please list)

Egress Procedure:

(Give step by step details)

DESIGNATED ASSISTANTS

Name	Phone No.	Mobile No.	Email

Are your designated assistants trained in Emergency Response Procedures?

(including Evacuation Procedures)

Yes

No

Are your designated assistants trained in the evacuation equipment?:

Yes

No