

DRAFT Accessible Employment Employee Accessibility Employee Emergency Information Form	
---	--

Employee Emergency Information Form

Please complete this worksheet to help identify barriers and possible solutions in the event of an emergency. Your input will help us prepare emergency information that responds to your needs.

The information collected is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability in this form, only the type of help you may need in an emergency.

Date: _____

Employee Information

Name: _____

Location: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Emergency Contact Information

Name: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Relationship: _____

Work Location

1. Where do you work?

DRAFT Accessible Employment Employee Accessibility Employee Emergency Information Form	
---	--

Address:

Room Name/Number: _____

2. Do you work in different places on a regular basis?

Yes

No

List the addresses, floors, and room locations. (Use additional sheets as necessary.)

Potential Emergency Response Barriers

3. Can you read/access our emergency information?

Yes

No

I don't know

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

4. Can you see or hear the fire/security alarm signal?

Yes

No

I don't know

If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.)

DRAFT Accessible Employment Employee Accessibility Employee Emergency Information Form	
---	--

5. Can you activate the fire/security alarm system?

- Yes
- No
- I don't know

If not, what would help you to sound the alarm? (Use additional sheets as necessary.)

6. Can you speak with emergency staff?

- Yes
- No

If not, what would help you to communicate with them? (Use additional sheets as necessary.)

7. Can you use the emergency exits?

- Yes
- No
- I don't know

If not, what would help you to exit the building? (Use additional sheets as necessary.)

DRAFT Accessible Employment Employee Accessibility Employee Emergency Information Form	
---	--

8. If you have a mobility device, does it fit in the emergency waiting area?

- Yes
- No
- I don't know
- Not applicable

If not, what would help it fit, or is there a better location? (Use additional sheets as necessary.)

9. Could you find the exit if it were smoky or dark?

- Yes
- No
- I don't know

If not, what would help you to find the exit? (Use additional sheets as necessary.)

10. Can you exit the building without assistance or support?

- Yes
- No
- I don't know

If not, what would help you to exit? (Use additional sheets as necessary.)

11. If an emergency evacuation chair is available, are you able to access it without assistance or support?

- Yes
- No
- I don't know
- Not applicable

If not, what help do you need? (Use additional sheets as necessary.)

12. Would you be able to evacuate during a stressful and crowded situation?

- Yes
- No
- I don't know

If not, what would help you to evacuate? (Use additional sheets as necessary.)

13. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.)

14. If you need other accommodations in an emergency, please list them here.
(Use additional sheets as necessary.)
