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:**

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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** ☐