



EMERGENCY RESPONSE ASSESSMENT AND PLAN

Employee Name

Department

Position

Work Location

ASSESSMENT

1. Do you work in different locations on a regular basis? Yes No

If yes, describe: _____

2. Can you see or hear the fire/ security alarm flashing/ ringing? Yes No

If no, what could ACL do to ensure that you were made aware of the alarm flashing/ ringing:

3. Can you activate or hear the fire/ security alarm? Yes No

If no, what would help you to sound the alarm:

Employee Initial: _____



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4. Can you talk to emergency staff? Yes No

If no, what would help you communicate with them:

5. Can you use emergency exits? Yes No

Can you exit the building by yourself? Yes No

If no, what would help you exit the building?

7. Does your mobility device fit in the emergency waiting area: Yes No

If no, what would help it fit, or is there a more preferable location?

8. Would you be able to evacuate the building during:

Employee Initial: _____



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Stressful and crowded situations Yes No

Smokey and/ or dark conditions Yes No

If no, what would help you evacuate?

9. Can you read/access our emergency information? Yes No

If no, how can we make this information available to you?

Employee Initial: _____



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Accommodation Plan

Employee accommodations required for alarms and alerts:

Existing alarm system	Pager Device	Visual alarm system
Co-worker	Other:	

Additional information/ direction:

Employee accommodations required for mobility, evacuation:

Assistance Methods (staff assistance/ transfers)	
Equipment Provided (Lift devices, locations of devices and how to use)	
Alternate Evacuation Routes	

Emergency Support Staff:

Primary	
Name	
Work Location	
Contact Information	
Type of assistance	

Employee Initial: _____



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Secondary	
Name	
Work Location	
Contact Information	
Type of assistance	

Consent to Share IEP Information

I consent to sharing this individualized emergency response information with your direct supervisor, the Human Resource, Health and Safety Coordinator and the emergency support staff indicated above. **Employee Initial** _____

Employee Signature	Date

Human Resources Representative Signature	Date