Section 1: Employee Emergency Information Worksheet

Please complete this worksheet to help us identify the barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

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, only the type of help you may need in an emergency situation.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employee Information

Name:

Employee Number:

Department:

Location: (Please circle)

UMW MPK Technical Centre

Phone Number (including extension):

Email:

Manager:

## Emergency Contact Information

Name:

Telephone:

Mobile Phone:

Email:

Relationship:

## Work Location

Do you work in different facilities on a regular basis? (Please circle) Yes No

If yes, list the additional facilities:

## Potential Emergency Response Barriers

1) Can you see or hear the fire/security alarm signal from your work station?

(Please circle) Yes No Don’t Know

If no, what would help you know that the alarm was flashing/ringing?

2) Can you activate the fire/security alarm system?

(Please circle) Yes No Don’t Know

If no, what would help you sound the alarm?

3) Can you talk to emergency staff?

(Please circle) Yes No

If no, what would help you to communicate with them?

4) Can you use the emergency exits?

(Please circle) Yes No Don’t Know

If no, help would you need to exit the building?

5) Could you find the exit if it was smoky or dark?

(Please circle) Yes No

If no, what would help you find the exit?

6) Can you exit the building by yourself?

(Please circle) Yes No

If no, what would help you get out?

7) Would you be able to evacuate the building during a stressful and/or crowded situation?

(Please circle) Yes No

If no, what would help you evacuate?

8) Can you read/access our emergency information?

(Please circle) Yes No

If no, what would make this information available to you?

9) If you need help to evacuate, what instructions do people need to help you?

Instructions: (Use additional sheets as necessary)

10) If you need other accommodations in an emergency situation please list them here.

Accommodations: (Use additional sheets as necessary)

Section 2: Individual Emergency Response Plan

# Instructions

Use the information collected in the Employee Emergency Information Worksheet to create the Individual Emergency Response Plan. Feel free to modify the form as needed if an employee requires different types of accommodations for different types of emergency situations.

All information in this document is confidential and will only be shared with the employee’s consent.

## This Individual Response plan is created for:

Name:

Department:

## Emergency Contact Information

Name:

Telephone:

Mobile Phone:

Email:

Relationship:

## Work Location

Facility:

## Emergency Alerts

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of employee) will be informed of an emergency situation by (please circle all that apply):

Existing Alarm System

Visual Alarm System

Co-Worker

Other (please specify):

## Assistance Methods

List types of assistance (i.e. staff assistance, transfer instructions, etc.)

## Equipment Provided

List any devices, where they are stored, and how to use them:

## Evacuation Route and/or Procedure

Provide a step-by-step description, beginning from the first sign of an emergency:

## Alternate Evacuation Route

## Emergency Support Staff

The following people have been designated to help (name of employee) in an emergency:

|  |  |  |
| --- | --- | --- |
| Name | Location and/or Contact Information | Type of Assistance |
|  |  |  |
|  |  |  |
|  |  |  |

# Consent to Share Individualized Emergency Response Information

I (name of employee) consent to Ultra Manufacturing Ltd. sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature:

Date

Form Completed By:

Date

Form Reviewed By:

Date

Next Review Date: