

**Individual emergency response plan**  
**Part 1: General Information**

	(Please complete)	
<b>Employee Name</b>		<b>Employee No.</b>
<b>School / Department</b>		
<b>Campus / Office</b>		
<b>Program</b>		

<b>Buildings used</b>	1.
	2.
	3.
	4.
	5.
<b>Location and floor levels in respective buildings</b>	1.
	2.
	3.
	4.
	5.

<b>Daily timetable</b>	Day	Time from	Time to
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

<b>Areas used outside of normal working hours</b>	
<b>Nearest accessible washroom</b>	
<b>Closest emergency collection point</b>	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Individual emergency response plan**  
**Part 2: Personal Information**

<b>Employee Name</b>		<b>Employee No.</b>
<b>School / Department</b>		

	Please circle	
Do you have a full time personal assistant?	YES	NO
Can you hear audible alarm signals?	YES	NO
Can you use stairs safely in an emergency?	YES	NO
Would you use the stairs without assistance?	YES	NO
Can you follow exit signage without assistance?	YES	NO

Do you use a wheelchair and/or any other device to aid your mobility?	YES	NO
If yes, please describe:		
If you use a wheelchair, it is a manual or electric chair?	Manual	Electric
Do you use your wheelchair at all times while in the workplace?	YES	NO

Are there measures that could be introduced that would help you when responding during an emergency situation?
If yes, please explain:

**Signature:** \_\_\_\_\_

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

**Print name:** \_\_\_\_\_

**Contact No.** \_\_\_\_\_

**Part 3: Personal Response Plan**

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<b>Employee Name</b>	
<b>Location of Workstation</b>	
<b>Hours of Employment</b>	

<b>Support Team Member</b>	<b>Location</b>
1.	
2.	
3.	

**Assistance required:**

**Agreed evacuation route:**

**Closest collection point:**

**Signatures**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Security:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Copies to:</b>	
Employee	<input checked="" type="checkbox"/>
Manager	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>
Security	<input type="checkbox"/>

<b>Date reviewed</b>	<b>Employee</b>	<b>Manager</b>