

# PERSONAL EMERGENCY EVACUATION PLAN

## PERSONAL DETAILS

Surname

Given Names

Phone

## LOCATION

Building

Floor

Room Number

Is an Assistance Animal involved?  Yes  No

Are you trained in the emergency response procedures (including the evacuation procedures)?  Yes  No

Preferred method of receiving updates to the emergency response procedures:  SMS  Email  Braille  Other

If Other:

Preferred method for Notification of Emergency:  Visual Alarm  SMS  Email  Braille  Other

If Other:

Type of assistance required:

Equipment required for evacuation:

Designated assistant and contact details:

Surname

Given Names

Phone

Are your designated assistants trained in the emergency response procedures and Equipment?  Yes  No

Diagram of preferred route for assisted evacuation attached:  Yes  No

Issue Date:

Review Date:

Occupant Signature:

Date:

Chief Warden:

Date: