



## Employee Emergency Response Worksheet

Please complete this worksheet to help identify barriers and possible solutions in the event of an emergency. Your input will help us prepare an emergency plan that responds to your needs.

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

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

### Employee Information

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Work Location

1. Where do you work?

Building: \_\_\_\_\_

Floor: \_\_\_\_\_ Room Name/Number: \_\_\_\_\_

**REMINDER: Once you have completed this worksheet, submit it to your manager.**

2. Do you work in different places on a regular basis?

Yes  No

List the addresses, floors, and room locations.

## Potential Emergency Response Barriers

3. Can you read/access our emergency information?

Yes  No

I don't know

If not, what would make this information accessible to you?

4. Can you see or hear the fire/security alarm signal?

Yes  No

I don't know

If not, what would help you to know the alarm was flashing or ringing?

5. Can you activate the fire/security alarm system?

Yes  No

I don't know

If not, what would help you to sound the alarm?

6. Can you speak with emergency staff?

Yes  No

If not, what would help you to communicate with them?

7. Can you use the emergency exits?

Yes  No

I don't know

If not, what would help you to exit the building?

8. Could you find the exit if it were smokey or dark?

Yes  No

I don't know

If not, what would help you to find the exit?

9. Can you exit the building without assistance or support?

Yes  No

I don't know

If not, what would help you to exit?

10. Would you be able to evacuate during a stressful and crowded situation?

Yes  No

I don't know

If not, what would help you to evacuate?

11. If you need help to evacuate, what instructions do people need to help you?

12. If you need other accommodations in an emergency, please list them here.

**This document will be retained in your medical file in Human Resources.**

**This page will be retained by your supervisor and the Safety & Health Advisor in order to ensure your safety during an emergency.**

## **Consent to Share Emergency Response Information**

I, \_\_\_\_\_ give consent for Brandon University to share this individualized workplace emergency response plan with the individuals listed below, who have been designated to help me in an emergency.

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's name

\_\_\_\_\_  
Review date

## **Emergency Supports** (if required)

I have identified the following people available to help me in an emergency.

**Name**

**Location and/or  
contact information**

**Type of assistance**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Emergency Plan Summary**

This is the plan to follow in emergencies: