Use this form to assist identification of any person who has a disability and would require specific assistance during an emergency evacuation.

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| **General Details** |
| Persons Name: Phone Number:  |
| Location:  |
| Onsite: □ *Fulltime:* □ *Part-time:* □ *Visitor:**Date(s): Days: Onsite Hours (Indicative):*  |
| **Evacuation Requirements** |
| Is an assistance animal involved *(guide dog etc.)?* Yes No |
| Is the person trained in the Emergency Response Procedures? Yes No |
| Preferred method for notification of emergency: *(e.g. visual alarm, SMS, support person etc.)* |
|  |
| Type of assistance required: |
|  |
| Equipment required for evacuation: |
|  |
| Egress procedure: |
|  |
| Designated assistants and contact details: |
| Warden *Name: Contact No:* |
| Are the designated assistants trained in emergency and evacuation procedures? Yes No |
| Are the designated assistants trained in the use of evacuation equipment? Yes No |
|  |
| Is a diagram required for preferred route of assisted evacuation? Yes *(attach*) No |
| Issue Date: Review Date: |
| Signed: *Person requiring assistance: Date:* *Warden: Date:*  |

File copy of completed form at location