



Instructions

Use the information collected in the Park West Employee Emergency Information Self-Assessment Form to create individualized emergency responses for each employee with a disability. All information in this document is confidential and will only be shared with the employee's consent.

Employee Information

Name: _____

Department: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

Emergency Contact Information

Name: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

Relationship: _____

Work Location

(Repeat for other work locations if there is more than one work location)

Address: _____

Floor: _____ Room name/number: _____

Emergency Alerts

[Name of employee] will be informed of an emergency situation by:

Existing alarm system

Other (specify):

Pager device

Visual alarm system

Co-worker



Assistance Methods

List types of assistance (e.g., staff assistance or transfer instructions).

Equipment Required

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

Evacuation Route and Procedure

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

Alternative 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

Name	Location and/or contact information	Type of assistance

Consent to Share Emergency Response Information

I, [name of employee], give consent for Park West School Division to share this individualized workplace emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Employee's name

Employee's signature

Date

Form completed by [manager's name]

Next review date