

Individualized Workplace Emergency Response Form



Team member Information

Name	Title/Department

Communication Needs & Accommodations

Indicate the team member's preferred method of communication in an emergency. List any assistive communication devices and/or accommodations required.

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Emergency Evacuation Routes

Indicate primary and alternate evacuation route from workplace, noting accessibility accommodation required. Where applicable attach site map and identify meeting location.

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Person(s) Designated to Provide Assistance

The following people have been designated by the team member to provide assistance to evacuate the building in an emergency.

Name	Location/Contact Information	Type of Assistance

Acknowledgement & Release

The team member consents that this information can be shared with anyone designated to provide assistance in an emergency.

Team member's signature:	Manager's signature
Date	Date