



Employee Request Form for an Emergency Response Plan

(Taken from the Conference Board of Canada)

INSTRUCTIONS

This Form is to be completed by an employee with a disability who requires assistance or support in the event of an emergency. Please note that employees do not need to provide details of their medical condition or disability, only about the type of help they may need in an emergency. The completed Form is to be forwarded to _____ (insert job title) and a meeting will be scheduled to develop an Individualized Emergency Response Plan.

Date: _____

Employee Information

Name: _____

Job Title: _____

Type of Accommodation:

- Temporary (specify approximate duration): _____
- Permanent

Emergency contact information

Name: _____

Home Telephone: _____ Mobile Telephone: _____

Relationship: _____

Name: _____

Home Telephone: _____ Mobile Telephone: _____

Relationship: _____

Workplace location

1. Please check the box of your main location(s) of work (select all that apply):

Head Office

Project Sites (specify):

2. Do you work in multiple locations on a regular basis?

Yes

No

Potential Emergency Response Barriers at Location(s) of work

If you work at multiple locations, please identify the location of the barriers noted below.

3. Can you read/access emergency information (e.g. fire exit signs, evacuation signage, etc.)?

Yes

No

Location(s):

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

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

Yes

No

Location(s):

If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.)

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

Yes

No

Location(s):

If not, what would help you to sound the alarm? (Use additional sheets as necessary.)

6. Can you talk to emergency staff?

Yes

No

If not, what would help you to communicate with them? (Use additional sheets as necessary.)

7. Can you use the assigned emergency exits at your locations of work?

Yes

No

Location(s): _____

If not, what would help you to exit the building? (Use additional sheets as necessary.)

8. Are you able to access/get to the emergency meeting location?

Yes

No

Location(s): _____

If not, what would help? Is there a better location for you? (Use additional sheets as necessary.)

9. Could you find the exit if it were smoky or dark?

Yes

No

Location(s): _____

If not, what would help you to find the exit? (Use additional sheets as necessary.)

10. Can you exit the building by yourself?

Yes

No

Location(s): _____

If not, what would help you to exit? (Use additional sheets as necessary.)

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

Yes

No

Location(s): _____

If not, what would help you to evacuate? (Use additional sheets as necessary.)

12. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.)

13. If you need other accommodations in an emergency, please list them here. (Use additional sheets as necessary.)

Employee Signature

Date