**PERSONAL EMERGENCY EVACUATION PLAN**

|  |  |  |
| --- | --- | --- |
| **Name** | **Location** | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **Comments** |
| Is there an animal involved in aiding you through the evacuation? |  |  |  |
| Are you trained in emergency response procedures? |  |  |  |
| Do you require assistance? If yes what type? |  |  |  |
| Is equipment required to aid evacuation? |  |  |  |
| Are your assistants trained in emergency evacuation / response procedures? |  |  |  |
| Are your assistants trained in the use of the evacuation equipment? |  |  |  |
| What is your preferred method of being notified of an emergency? |  |  |  |
| How would you like to receive updates of the emergency response procedures? |  |  |  |
| **Egress Procedures** | | | |
|  | | | |
| **Diagram of Preferred Egress Rout** | | | |
|  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DESIGNATED ASSISTANTS** | | | | | | | |
| Name: |  | | | Name: | |  | |
| Phone Number: |  | | | Phone Number: | |  | |
| Mobile Number: |  | | | Mobile Number: | |  | |
| E-mail |  | | | E-mail | |  | |
| Are your designated assistants trained in the emergency response procedures (including the evacuation procedures)? | | | | | | Yes  No | |
| Are your designated assistants trained in the evacuation equipment? | | | | | | Yes  No | |
| **DETAILS OF APPLICABLE WARDEN** | | | | | | | |
| Name: | | |  | | | | |
| Phone Number: | | |  | | | | |
| Mobile Number: | | |  | | | | |
| E-mail | | |  | | | | |
| **APPROVAL** | | | | | | | |
| Occupant Name: | |  | | | Signature | |  |
| Date: | |  | | | | | |
| Chief Warden Name: | |  | | | Signature | |  |
| Date: | |  | | | | | |
| Date of next review: | |  | | | | | |