Individual Emergency Response Plan

**Available in alternate format upon request*

Please complete this worksheet to help us identify the barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. You **do not** have to provide details of your medical condition or disability, only the type of help you may need in an emergency situation.

Employee Information

Name:		Phone #:	
Employee #:		Email:	
Department:		Manager:	
Location:			

Emergency Contact Information

Name:		Home Phone #:	
Mobile Phone #:		Email:	
Relationship:			

Work Information

Do you work in different facilities on a regular basis? If yes, please list them in the space provided.	Yes No
Can you hear/ see the fire alarm from your workstation? If no, what accommodations are required? If	Yes No
Are you capable of activating the fire alarm in the event of an emergency? If no, what assistance do you require?	Yes No
Are you able to communicate with staff or emergency services if needed? If no, what assistance do you require?	Yes No
Are you able to exit the building without the assistance of others? If no, what assistance do you require?	Yes No

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Are you able to read/ access our emergency information? If no, what assistance do you require?	Yes No

Individuals Providing Assistance (if any):

Name:	Department:	Shift:

Designated Evacuation Route and Alternate (If Required):

Route:	Evacuation Meeting Area

Length of Time This Plan is Required:

Date of Plan Expiry:

Consent to Share Individualized Emergency Response Information

I (name of employee) consent to Ultra Manufacturing Ltd. Sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Employee Name:	
Signature:	
Date:	
Completed By (print Name):	
Date:	