**PERSONAL EMERGENCY EVACUATION PLAN**

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| --- | --- | --- |
| **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** |
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| **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: |       |