



Employee Safety Information Worksheet

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

Employee Information:

Name: _____

Mobile Phone: _____

Emergency Contact Information:

Name: _____

Mobile Number: _____ Relationship to you: _____

List the rooms you work in on a regular basis			
1.	5.		
2.	6.		
3.	7.		
4.	8.		
Can you hear the fire alarm? (Please check)	Yes	No	Don't know
If no, would a flashing light help you?	Yes	No	Don't know
Can you activate the fire alarm if necessary?	Yes	No	Don't know
If no, what would help you to sound the alarm?			
Can you use emergency exits?	Yes	No	Don't know
If no, what would help you to exit the building?			

