



Individualized Employee Safety and Emergency Response Information

Name: _____

Rooms to consider:

1	2	3	4	5
6	7	8	9	10

Emergency situation – alarm required: Please check box

- | | |
|--|--|
| <input type="checkbox"/> Existing alarm system | <input type="checkbox"/> Visual alarm |
| <input type="checkbox"/> Pager device | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Other (specify) |

Evacuation Route and/or procedure:

Provide step-by-step description, beginning from the first sign of emergency

Alternate Evacuation Route:

Assistance Methods:

List types of assistance (e.g. staff assistance, transfer instructions, etc.)

Equipment Required:

List any devices, where they are stored, and how to use them

Emergency Support Staff

The following people have been designated to help _____ in an emergency.

Name – Extension Number	Location and Contact Information	Type of Assistance

I _____ consent to Glenburnie School sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature _____ Date _____

Form completed by _____ (Manager) Reviewed by _____ (Employee)

Next review date: _____