Personal Emergency Evacuation Plan

Occupant’s Name: _______________________________________________________

Location

Building / Facility: _______________________________________________________

Floor: ________________________________________________________________

Room Number / Location on Floor: __________________________________________

Is an Assistance Animal Involved?

Yes ☐ No ☐

Are you trained in the emergency response procedures including the evacuation procedures?

Yes ☐ No ☐

Preferred method of receiving updates to the emergency response procedures: (please state, e.g. text, email, Braille etc)
________________________________________________________________________

Preferred method for Notification of Emergency
(please state. e.g. audible alarm, visual alarm, personal vibrating device, SMS etc)
________________________________________________________________________

Type of assistance required:
________________________________________________________________________
________________________________________________________________________

Equipment required for evacuation:
________________________________________________________________________
________________________________________________________________________

Egress procedure (step by step details):

1.  
2.  
3.  
4.  

Page 1 of 2
Personal Emergency Evacuation Plan (cont)

Designated assistant/s and contact details:

Name/s: .................................................................................................................................

Phone: .................................................................................................................................

Mobile: .................................................................................................................................

Email: .................................................................................................................................

Location: ..............................................................................................................................

Are your designated assistants trained in the emergency response procedures (including the evacuation procedures)?

Yes ☐ No ☐

Are your designated assistants trained in evacuation equipment?

Yes ☐ No ☐

Diagram of preferred route for assisted evacuation (please provide diagram):

Issue Date: ....../....../......

Review Date: ....../....../......

Occuant approved ....................................................... (Signature)

Date: ....../....../......

Designated assistant approved: ................................. (Signature)

Date: ....../....../......

Chief Warden / Warden: ...........................................(Signature)

Date: ....../....../......