

# LOYALIST COLLEGE

## Employee Emergency Information Worksheet

Please complete this worksheet to help us identify 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.

Date: \_\_\_\_\_

### Section 1 – Employee Information

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Name: \_\_\_\_\_

Department: \_\_\_\_\_

Extension: \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Supervisor & Ext #: \_\_\_\_\_

Main Work Location: \_\_\_\_\_

Office number: \_\_\_\_\_

Workstation location (if more than one workstation in the office area): \_\_\_\_\_

Do you work in different locations on a regular basis? If so, list the locations and room #'s for which you regularly work:

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### Section 2 – Potential Emergency Response Barriers

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1. Can you hear the fire/emergency alarm signal? Yes  No

2. Can you see fire alarm signal (flashing strobe light)? Yes  No

(If no, what would help you know the alarm was flashing/ringing?)

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3. Can you activate the fire pull station (alarm system)? Yes  No   
(If no, what would help you sound the alarm?)

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4. Can you talk to emergency staff? Yes  No

(If no, what would help you to communicate with them?)

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5. Can you use the emergency exits? Yes  No

(If no, what would help you exit the building?)

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6. Could you find the exit if it was smoky or dark? Yes  No

(If no, what would help you find the exit?)

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7. Can you exit the building independently? Yes  No

(If no, what would help you exit safely?)

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8. Would you be able to evacuate during a stressful and crowded situation? Yes  No

(If no, what would help you evacuate?)

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9. Can you read/access our emergency information? Yes  No

(If no, what would make this information available to you?)

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10. Are there additional barriers that you can identify? Yes  No

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(If yes, what are they and what solutions/assistance do you require to overcome them?)

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## Section 3 – Emergency Evacuation Instructions

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If you require assistance evacuating, what instructions would we need to provide to your manager, Fire Warden or other members of the Emergency Response Team (ERT)?

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Should you require any other accommodations in an emergency, please list them below.

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## Section 4 – Signature

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_