

Individualized Accommodation Plans for Emergencies Form

EMPLOYEE INFORMATION

Last Name:

First Name:

Department:

Primary Work Location (if applicable):

Select and provide your preferred method(s) of communication:

Email

Phone

Other

SUPERVISOR INFORMATION

Last Name:

First Name:

Email:

Phone Ext:

EMERGENCY PLANNING INFORMATION & FORMATS

Please list any required resources, formats and/or processes related to emergency planning (example of an accessible format might be a tactile map; example of an accessible process may be guidance by an orientation and mobility instructor to identify emergency exits).

1.)

2.)

3.)

4.)

ALERTS

Check all methods that will be used to alert the employee during an emergency:

Standard Alert Procedures apply (i.e. no special requirement)

Visual alarm system (in primary work location only)

Fire Wardens

Co-Worker(s):

Other:

Check all methods that will be used by the employee to communicate that an emergency situation exists and which locations apply if you work in multiple locations.

Standard Emergency Notifications Procedures apply (for example dial 8911, fire alarm pull station, etc)

Security Alert Button

Other:

Note: It is not necessary to be able to speak with Lakehead Security Services when "8911" is dialed from a Lakehead phone. Security will be able to identify where the call is coming from once a call is placed.

EVACUATION METHOD

Describe, if applicable, emergency waiting area, how evacuation is to occur and evacuation route, as well as any individuals who will assist.

OTHER

Describe any other accommodations related to emergency planning and response.

ACKNOWLEDGMENT AND CONSENT TO RELEASE INFORMATION

I (employee) have been consulted concerning this individualized emergency plan and consent to sharing this plan with the individuals identified above, who have been designated to assist in an emergency.

Signature of Employee:

Date:

Signature of Supervisor:

Date:

Copies to be provided to employee, fire wardens and any identified individuals providing assistance.
Original to be retained by Supervisor.