# Worksheet for Individual Emergency Response Plans

**INSTRUCTIONS**

The employee with a disability completes this worksheet with their manager to help identify threats to the employee’s safety that could arise in an emergency situation. The worksheet is also used to provide suggestions on how to overcome the identified threats.

The information collected is confidential and will be shared only with the employee’s consent. They do not have to provide details of their medical condition or disability—only about the type of help they may need in an emergency.

Date:

**Employee Information**

Name:

Department:

Telephone: Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name:

Telephone: Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:

**Workplace Location**

1. Where do you work?

Address:

Floor: Room name/number:

2. Do you work in different places on a regular basis?

◻ Yes

◻ No

List the addresses, floors, and room locations. (Use additional sheets as necessary.)

**Potential Emergency Response Barriers**

3. Can you read/access our emergency information?

◻ Yes

◻ No

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

4. Can you see or hear the fire/security alarm signal?

◻ Yes

◻ No

◻ I don’t know

If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.)

5. Can you activate the fire/security alarm system?

◻ Yes

◻ No

◻ I don’t know

If not, what would help you to sound the alarm? (Use additional sheets as necessary.)

6. Can you talk to emergency staff?

◻ Yes

◻ No

If not, what would help you to communicate with them? (Use additional sheets as necessary.)