

Use this form to assist identification of any person who has a disability and would require specific assistance during an emergency evacuation.

General Details			
Persons Name:		Phone Number:	
Location:			
Onsite:	<input type="checkbox"/> Fulltime:	<input type="checkbox"/> Part-time:	<input type="checkbox"/> Visitor:
Date(s):	Days:	Onsite Hours (Indicative):	
Evacuation Requirements			
Is an assistance animal involved (<i>guide dog etc.</i>)?		Yes	No
Is the person trained in the Emergency Response Procedures?		Yes	No
Preferred method for notification of emergency: (<i>e.g. visual alarm, SMS, support person etc.</i>)			
Type of assistance required:			
Equipment required for evacuation:			
Egress procedure:			
Designated assistants and contact details:			
Warden Name:		Contact No:	
Are the designated assistants trained in emergency and evacuation procedures?		Yes	No
Are the designated assistants trained in the use of evacuation equipment?		Yes	No
Is a diagram required for preferred route of assisted evacuation?		Yes (<i>attach</i>)	No
Issue Date:		Review Date:	
Signed:			
Person requiring assistance:		Date:	
Warden:		Date:	

File copy of completed form at location