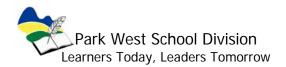


Accessibility Standard
Employee Emergency Information
Self-Assessment
AP:903B

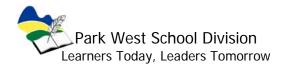
Please complete this worksheet to help identify barriers and possible solutions in the event of an emergency. Your input will help us prepare emergency information that responds to your needs. The information collected is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability in this form, only the type of help you may need in an emergency.

Date:			
Employee Information			
Name:		 	
School \ Department, if applicable:			
Telephone:	 _Email:		_
Mobile Phone:			
Emergency Contact Information			
Name:			
Telephone:			
Email:	_		
Mobile Phone:			
Relationship:			



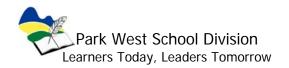
Accessibility Standard
Employee Emergency Information
Self-Assessment
AP:903B

	Location here do you work? School or Building:	
Floor	:: Room Name/Number:	
2. Do y	ou work in different places on a regular basis?	
	□ Yes □ No	
	the addresses, floors and room locations. ssary.)	(Use additional sheets as
3. Can	ial Emergency Response Barriers you read or access our emergency information? Yes No I don't know hat would make this information accessible to you?	(Use additional sheets as
4. Can	you see or hear the fire and security alarm signal? Yes No I don't know	
	hat would help you to know the alarm was flashing o necessary.)	or ringing? (Use additional



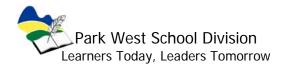
Accessibility Standard
Employee Emergency Information
Self-Assessment

	AP:903B	
5. Can you activate the fire and 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. Are you physically able to speak with emergency staff during a emergency? □ Yes □ No	an	
If not, what would help you to communicate with them? (Use additional sheets as necessary.)		
7. Can you use the emergency exits? □ Yes □ No □ I don't know		
If not, what would help you to exit the building?		
(Use additional sheets as necessary.)		



Accessibility Standard
Employee Emergency Information
Self-Assessment
AP:903B

 8. If you have a mobility device (e.g., wheelchair, walker or scooter), does it fit in the emergency waiting area? Yes No I don't know Not applicable 	
If not, what would help it fit, or is there a better location? (Use additional sheets as necessary.)	
9. Could you find the exit if it were smoky or dark? Yes No I don't know If not, what would help you to find the exit? (Use additional sheets as necessary.)	
10. Can you exit the building without assistance or support? Yes No I don't know	
If not, what would help you to exit? (Use additional sheets as necessary.)	



Accessibility Standard
Employee Emergency Information
Self-Assessment
AP:903B

11. Would you be able to evacuate during a stressful and crowded situation?	
If not, what would help you to evacuate? (Use additional sheets as necessary.)	
12. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.)	
13. If you need other accommodations in an emergency, please list them here. (Use additional sheets as necessary.)	