|  |
| --- |
| **EMPLOYEE WORKPLACE INFORMATION** |
| Date:       | Name:       |
| Telephone:       | Email:       |
| Position:       | School/Department:       |
| Location of classroom/work location:       | Other work location(s):       |
| Supervisor:       | Supervisor contact info.:       |

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION** |
| First Name:       | Last Name:       |
| Relationship:       | Primary Phone No.:       |
| Email:       | Secondary Phone No.:       |

|  |
| --- |
| **EMERGENCY NEEDS ASSESSMENT** |
| 1. Please identify any temporary or long-term medical restrictions (optional identify: condition(s) or disability(ies) that may affect your well-being and safety during an emergency).

       |
| 1. Please describe the type of emergency assistance you may require and the reason. (ie. staff assistance; list any devices, where they are stored and how to use them).

      |
| **COMMUNICATION NEEDS & ACCOMMODATIONS** |
| Select your preferred method of communication in an emergency situation:[ ]  Existing alarm system[ ]  Pager device/text message[ ]  Visual alarm system[ ]  Co-worker[ ]  Other (specify):       |

|  |
| --- |
| **PERSONAL EMERGENCY KIT** |
| Do you have a personal emergency preparedness kit? [ ]  Yes [ ]  No**If yes**, please list contents and important information or instructions (e.g., emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health and contact information, etc.):      |
| Location of personal emergency preparedness kit:      |
| **EMERGENCY EVACUATION ROUTES (if applicable)** |
| Please provide a step-by-step description of the **primary** accessible evacuation route for your workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan, and identify meeting location.      |
| Describe an **alternative** evacuation route/Area of Safe Refuge (AOSR) at your workplace noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.      |

|  |
| --- |
| **EMERGENCY ASSISTANCE NETWORK** |
| **A minimum of 2 people are recommended for the Emergency Assistance Network as well as back up alternatives**. An employee requiring an emergency response plan should be involved in selecting those who will be notified to assist during an emergency. |
| Name:      School/Dept.:      Contact Info:       | Name:      School/Dept.:      Contact Info:       |
| **ACKNOWLEDGEMENT & AUTHORIZATION** |
| I acknowledge that the information contained on this form is accurate and hereby authorize the Rainy River District School Board to release applicable personal information contained within my Employee Individual Emergency Response Plan to designated individuals within my Emergency Assistance Network and to emergency/first responders in the event of a workplace emergency. |
|  |  |       |
| Employee Signature | Date |

|  |  |
| --- | --- |
| **REVIEW AND DISTRIBUTION** |  |
| Completed Plan Reviewed By:      Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Next Review Date:      Accommodation Type: [ ]  Permanent [ ]  Temporary |
| **Distribution: Employee, Supervisor, HR Personnel File, attach copy to School’s Emergency Evacuation Plan (if applicable)** |
| All personal information collected on this form and on any attachments will be used only for emergency response purposes and will remain confidential subject to the *Municipal Freedom of Information and Protection of Privacy Act.* |

*This document is available in alternative formats upon request.*