



EMERGENCY EVACUATION ASSISTANCE

CONFIDENTIAL

In order to maintain evacuation procedures for all facilities, we need to determine whether or not any staff members or students would require assistance in an emergency evacuation. Please be assured that this information will only be used for emergency evacuation purposes and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an evacuation: Yes No

Type of Assistance: _____

Employee Last Name: _____

Employee First Name: _____

Title: _____ Office Contact Number: _____

Department: _____

Location: _____

Name of Direct Supervisor: _____