**Personal Emergency Evacuation Plan**

**Date of completion: Name & signature:**

(Colour boxes: select from drop down lists)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Residents Name | Click here to enter text. | | Location | Choose an item. |
| Room Number | Click here to enter text. |
| Comments | Click here to enter text. | | | |
| Special instructions |  | | | |
| Residents receiving:  one -2- one care | Choose an item. | Additional Risk/Considerations: | Choose an item. | Choose an item. |
| Day time | Requires 1 Staff member support | Choose an item. | | Choose an item. |
| Night time | Requires 1 Staff member support | Choose an item. | Choose an item. |