

Sample Worksheet: Identification of Potential Barriers During an Emergency Response

INSTRUCTIONS

The employee with a disability completes this worksheet with his manager to help identify threats to the employee's safety that could arise in an emergency situation. The worksheet is also used to provide suggestions on how to overcome the identified threats.

The information collected is confidential and will be shared only with the employee's consent. He does not have to provide details of his medical condition or disability—only about the type of help he may need in an emergency.

Date: _____

EMPLOYEE INFORMATION

Name: _____

Department: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

Relationship: _____

WORKPLACE LOCATION

1. Where do you work?

Address: _____

Floor: _____ Room name/number: _____

2. Do you work in different places on a regular basis?

Yes

No

List the addresses, floors, and room locations. (Use additional sheets as necessary.)

POTENTIAL EMERGENCY RESPONSE BARRIERS

3. Can you read/access our emergency information?

- Yes
- No

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

4. Can you see or hear the fire/security alarm signal?

- Yes
- No
- I don't know

If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.)

5. Can you activate the fire/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. Can you talk to emergency staff?

- Yes
- No

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.)

8. Does your mobility device 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 by yourself?

- Yes
- No
- I don't know

If not, what would help you to exit? (Use additional sheets as necessary.)

11. Can you get to an emergency evacuation chair by yourself?

- Yes
- No
- I don't know
- Not applicable

If not, what help do you need? (Use additional sheets as necessary.)

12. Would you be able to evacuate during a stressful and crowded situation?

- Yes
- No
- I don't know

If not, what would help you to evacuate? (Use additional sheets as necessary.)

13. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.)

14. If you need other accommodations in an emergency, please list them here. (Use additional sheets as necessary.)
