



17525 JANE STREET
KETTLEBY, ON L6B 0J6
PH: 905-727-2100
TOLL FREE: 1-877-727-2100
TORONTO: 416- 364-5700
FAX: 905- 727-8546
info@zandersod.com

EMPLOYEE EMERGENCY RESPONSE INFORMATION TEMPLATE

All information in this document is confidential and will only be shared with the employee's consent.

Individualized Workplace Emergency Response Information for:

Name:

Department:

Emergency Contact Information

Name:

Telephone:

Email:

Mobile Phone:

Relationship:

Work Location (Repeat for other work locations)

Address:

Floor:

Room Name/Number:

Emergency Alerts

[Name of employee] will be informed of an emergency situation by:

[check all that apply]

Existing alarm system

Pager device

Visual alarm system

Co-worker

Other (Specify):

Assistance Methods

List types of assistance (e.g. staff assistance, transfer instructions, etc.)

Equipment Provided

List any devices, where they are stored, and how to use them

Evacuation Route and/or Procedure

Provide a step-by-step description, beginning from the first sign of an emergency

Alternate Evacuation Route

[Describe]

Emergency Support Staff

The following people have been designated to help [Name of employee] in an emergency (give name, location and/or contact information, and type of assistance):

- 1.
- 2.
- 3.

Consent to share individualized emergency response information

I [Name of employee] consent to [Name of organization] sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature: [Sign here]

Date:

Form completed by: [Manager's signature here]

Date:

For reviewed by: [Employee's signature here]

Date:

Next review date: