

**JEFFERY'S GREENHOUSES
EMPLOYEE EMERGENCY INFORMATION SELF ASSESSMENT WORKSHEET**

This worksheet is to be completed by you to help us identify barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. **Do not provide details of your medical condition or disability, only the type of help you may need in an emergency.**

Date: _____

Employee Name: _____ Department: _____

Work Location:

1. Where do you work? _____
2. Do you work in different places on a regular basis? Yes No
If yes, list the locations:

Potential Emergency Responses Barriers:

3. Can you hear the alarm signal (page) in the building? Yes No Don't know
If no, what would help you know the alarm was sounding?

4. Can you activate the alarm system (ie. Paging system) Yes No Don't know
If no, what would help you sound the alarm?

5. Can you talk to emergency staff? Yes No
If no, what would help you communicate with them?

6. Can you use the emergency exits? Yes No Don't know
If no, what would help you exit the building?

7. Does your mobility device fit in the emergency gathering Area? Yes No Don't Know

If no, what would help to fit it, or is there a better location?

8. Could you find the exit if it was smoky or dark? Yes No Don't Know

If no, what would help you find the exit?

9. Can you exit the building by yourself? Yes No

If no, what would help you to get out?

10. Would you be able to evacuate during a stressful and crowded situation? Yes No

If no, what would help you evacuate?

11. Can you read/access our emergency information? Yes No

If no, what would make this information available to you?

12. If you need help to evacuate, what instructions do people need to help you?

13. If you need other accommodations in an emergency, please list them here.

Employee Signature

Date