



JEFFERY'S GREENHOUSES

INDIVIDUALIZED WORKPLACE EMERGENCY RESPONSE INFORMATION FOR EMPLOYEE WITH DISABILITY

Instructions

Use information collected in the "EMPLOYEE EMERGENCY INFORMATION SELF ASSESSMENT WORKSHEET" to create individualized emergency response for each employee with a disability.

The response plan should be completed in conjunction with the employee requesting accommodation and the Human Resources Manager/Health and Safety Coordinator and communicated to the Emergency Support Staff identified herein within one week of receiving the employee's Emergency Information Self Assessment Worksheet.

The Individualized Workplace Emergency Response plan shall be reviewed with the Employee and changes communicated to the necessary Emergency Support Staff a) when the employee moves to a different department/location in the company, b) when the employee's overall accommodations needs or plans are reviewed; c) when the employer reviews its general emergency response policies and; d) at least on an annual basis.

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

Individualized Workplace Emergency Response Information for:

Employee Name: _____

Department: _____

Emergency Contact Information

Name: _____

Telephone: _____ Email: _____

Mobile Phone: _____ Work Phone: _____

Relationship: _____

Work Location(s)

Address: _____

Team Leader: _____

Address: _____

Team Leader: _____

Emergency Alerts

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

Existing alarm system :
(message over the greenhouse paging system)

Pager device:

Visual Alarm System:

Co-Worker:

Other (specify): _____

Assistance Methods

List the types of assistance to be used (e.g. staff assistance, transfer instructions, etc.).

Equipment Provided

List any devices , where they are stored and how to use them (e.g. electric buggy, wheelchair, etc.).

Emergency Support Staff

The following people have been designated to help _____ in an emergency.
[Name of employee]

Name of Support Staff	Location and/or Contact Information	Type of Assistance

Consent to share individualized emergency response information

I _____ consent to Jeffery’s Greenhouses sharing this individualized
[Name of Employee]
emergency response information with the individuals listed above who have been designated to help me in
an emergency.

Employee Signature: _____ Date: _____

Form completed by: _____ Date: _____
(Human Resources Manager/Health & Safety Coordinator)

Form reviewed by: _____ Date: _____
(Emergency Support Staff)

Form reviewed by: _____ Date: _____
(Emergency Support Staff)

Form reviewed by: _____ Date: _____
(Emergency Support Staff)

Next review date: _____ (not to exceed 1 year from date of completion)

Date	Revision Level	Changes Made

