	DOCUMENT NUMBER DOC - 021085	Page 1 of 4
XLTEK	TITLE Individual Emergency Response Plan	REVISION 1

Individual Emergency Response Plan

Part 1: General Information

Employee Name	
Department	
Office Location	

Daily timetable	Day	Time From:	Time To:
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Areas used beside that of your office	
Nearest accessible washroom	
Areas of Refuge	

Signature: _____

Date: _____

Print Name: _____

Contact No.: _____

CONFIDENTIAL	<u>Ensure this document is the latest revision prior to use.</u>	Change Order: DCO-17287
---------------------	--	-------------------------



DOCUMENT NUMBER
DOC - 021085

Page 2 of 4

XLTEK

TITLE
Individual Emergency Response Plan

REVISION
1

Individual Emergency Response Plan

Part 2: Personal Information

Employee Name	
Department	
Office Location	

	Please Circle One	
Do you have a full time personal assistant?	YES	NO
Can you hear audible alarm signals?	YES	NO
Can you use stairs safely in an emergency?	YES	NO
Would you use the stairs without assistance?	YES	NO
Can you follow exit signage without assistance?	YES	NO

Do you use a wheelchair and/or any other devise to aid your mobility?	YES	NO
If yes, please describe:		
If you use a wheelchair, is it a manual or electric chair?	Manual	Electric
Do you use your wheelchair at all times while in the workplace?	YES	NO

Are there measures that could be introduced that would help you when responding during an emergency situation?


If Yes, please explain:

Signature: _____

Date: _____

Print Name: _____

Contact No.: _____

	DOCUMENT NUMBER DOC - 021085	Page 3 of 4
XLTEK	TITLE Individual Emergency Response Plan	REVISION 1

Individual Emergency Response Plan
Part 3: Personal Response Plan

Employee Name	
Department	
Office Location	
Hours of Work	

Support Team Member	Location

Assistance Required:

Agreed Evacuation Route:

Closest Area of Refuge:


Signatures:

Employee: _____ **Date:** _____

Manager: _____ **Date:** _____

Health & Safety Mgr: _____ **Date:** _____

Copies to:		Date Reviewed	Employee	Manager
Employee				
Manager				
Human Resources				
Health & Safety				

	DOCUMENT NUMBER DOC - 021085	Page 4 of 4
XLTEK	TITLE Individual Emergency Response Plan	REVISION 1

1.0 REVISION HISTORY

Rev. No.	Author	Change Order	Revision Description
01	Cristil Pellizzari	DCO-17287	AODA – Individual Emergency Response Plan

***** END OF DOCUMENT*****