# Individualized Emergency Response Plan **Temp**late

|  |  |
| --- | --- |
| **Employee Name** |       |
| **Employee Number** |       |
| **School / Department** |       |
| **Campus / Office** |       |

## Part 1: General Information

|  |  |
| --- | --- |
| Buildings used | 1.      |
| 2.      |
| 3.      |
| 4.      |
| 5.      |
| Location and floor levels in respective buildings | 1.      |
| 2.      |
| 3.      |
| 4.      |
| 5.      |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day | Time from | Time to |
| Daily timetable | Monday |       |       |
| Tuesday |       |       |
| Wednesday |       |       |
| Thursday |       |       |
| Friday |       |       |
| Saturday |       |       |
| Sunday |       |       |

|  |  |
| --- | --- |
| Areas used outside of normalworking hours |       |
| Nearest accessible washroom |       |

|  |  |
| --- | --- |
| Areas of Refuge (list for each building used) | Building #1:       |
| Building #2:      |
| Building #3:       |
| Building #4:       |

|  |  |  |
| --- | --- | --- |
| 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 |
| Could 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 device to aid your mobility? | [ ] Yes  | [ ] No |
| If yes, please describe:       |
| If you use a wheelchair, it is 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? | [ ] Yes | [ ] No |
|  If you responded “yes” to the above question, please explain:       |

## Part 2: Personal Response Plan

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| --- | --- |
| **Employee Name** |        |
| **Location of Workstation** |        |
| **Hours of Employment** |        |

|  |  |
| --- | --- |
| **Support Team Member** | **Location** |
| 1.
 |        |
| 1.
 |        |
| 1.
 |        |
| **Assistance required:**  |
| **Agreed evacuation route:**  |
| **Closest Area of Refuge:**  |

**Collection Notice**

The personal information on this form is collected under the authority of the Trent University Act, 1963 Section 18 (3) (c) and is needed to help plan for your safety if there is an emergency on campus. The information will be used to inform and assist safety personnel and first responders in evacuating you or otherwise promoting your safety during an on-campus emergency. Copies of completed IERPs will be securely stored with relevant building fire plans to ensure that they are available during an emergency and may be accessed by external emergency personnel.

If you have any questions about the collection or use of this information by the University, please contact: Elyse Sawdon, Health and Safety Advisor, 705-760-5107.

**Signatures**

|  |  |
| --- | --- |
| **Copies to:** |  |
| Employee |  |
| Manager |  |
| Human Resources |  |
| Risk Management |  |

 **Employee: Date: Manager: Date: Risk Management: Date:**

|  |  |  |
| --- | --- | --- |
| **Date reviewed** | **Employee** | **Manager** |
|  |  |  |
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