

**Municipality of Arran-Elderslie**  
**Personal Workplace Emergency Response Plan**  
 (To be completed by Supervisor/Manager and/or Clerk-Administrator and Employee  
 requiring assistance in the event of a workplace emergency)

<b>1. Employee Information</b>	
Name of Employee:	Position of Employee
Department:	Location of Workstation:
Name of Department Head/Supervisor conducting Review with Employee:	
<b>2. Emergency Evacuation Assessment</b>	
Does the employee experience any of the following that could impede the ability to quickly evacuate the work place?	
a) Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Reduced energy, fatigue: tires easily	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Respiratory impairment (due to temporary/permanent conditions or brought on by stress, exertion, exposure to dust, smoke, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Emotional, cognitive, or concentration difficulties; confusion or disorientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Vision impairment/loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Hearing impairment/loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Require assistive technology or medication	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Other (please specify):	
<b>3. Communication Needs &amp; Accommodations</b>	
Indicate the employee's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required.	

Example: person with hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message.

#### **4. Conditions, Sensitivities, Disabilities and Accommodation Summary**

Indicate any temporary or long term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the employee during emergency response.

Emergency Assistance or Consent for co-workers to assist this person during emergencies is required: Yes  No

#### **5. Employee Personal Emergency Preparedness Kit**

Employee Personal Emergency Preparedness Kit required? Yes  No

If yes, at the employee's discretion, list contents (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health & contact information, etc.):

Location of Employee's Personal Emergency Preparedness Kit:

## 6. Emergency Evacuation Routes

Indicate primary accessible evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety information and identify meeting location.

Indicate alternative evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

## 7. Acknowledgement and Release

Reason for review:

- New hire
- Change in workplace location
- Change in employee's condition
- Other (i.e. implementation of Employment Standard through Ont. Regulation 191/11)

\_\_\_\_\_  
Signature of Manager/Supervisor

\_\_\_\_\_  
Date

I acknowledge that the information contained on this form is accurate and herby authorize the Municipality of Arran-Elderslie to release applicable personal information contained within my Employee Workplace Emergency Response Plan to designated individuals whom would assist me during an emergency/first responders, in the event of a workplace emergency situation.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Appendix "B"

Please ensure that the original completed Employee Workplace Emergency Response form (with attachments) is sent to the Chief Administrative Officer, to be held in the employee's personnel file, and that the employee and Manager/Supervisor retain a copy.

All personal information collected on this form and any attachments herein will be used for the Employee Workplace Emergency Response purposes only and will remain confidential as per MFIPPA, unless written consent is obtained from employee (completion of Section 8)