PERSONS REQUIRING ASSISTANCE EMERGENCY PLANNING FORM

Purpose: This form is used to identify and document emergency response and evacuation assistance requirements. Complete one form per individual. **Medical diagnoses and medical history are not required.**

INDIVIDUAL AND LOCATION

Name:	Tenant/Company:
Floor: / Suite/Work Area:	Tower: ◯ North ◯ South

◯ Employee/Tenant ◯ Contractor/Service Provider ◯ Visitor ◯ Other:

TYPE OF ASSISTANCE REQUIRED (Select all that apply)

◯ Mobility impairment or difficulty using stairs

◯ Wheelchair or mobility device user

◯ Blind or low vision assistance required

◯ Cognitive or instructional assistance required

◯ Deaf or hard of hearing alert assistance required

◯ Communication assistance required

◯ Reduced stamina or additional evacuation time required

◯ Other:

DURATION OF ASSISTANCE REQUIREMENT

◯ Temporary ◯ Ongoing/Permanent | Effective From: Expected End Date:

SPECIFIC ASSISTANCE AND EVACUATION INSTRUCTIONS

Document the specific assistance required during an emergency, including: **Communication methods, mobility devices, evacuation considerations, refuge locations, and any other information necessary for safe emergency response.**

DESIGNATED EMERGENCY ASSISTANT (BUDDY) (If applicable)

Primary Name:	Alternate Name:
Work Phone:	Work Phone:

◯ Arrangements confirmed with individual and buddy ◯ Not assigned/Not applicable

COMPLETION AND REVIEW

Completed by:	Date completed:
Role:	Date last reviewed:

This form must be reviewed annually and whenever assistance requirements, work location, or buddy arrangements change.

CONFIDENTIAL WHEN COMPLETED

This document contains personal information collected solely for emergency preparedness, response, and evacuation planning purposes.
Access must be restricted to authorized personnel with a legitimate operational need to know.