



Accessibility to Ontarians with Disabilities Identification of Potential Barriers to Emergency Response Worksheet

INSTRUCTIONS

If you have a disability, please complete this worksheet, with your manager or independently, to identify any threats to your safety in an emergency situation.

This worksheet will be used to provide suggestions on how to overcome any identified risks or issues should an emergency arise. Otherwise, the information collected is confidential and will be shared only with your consent and as necessary to arrange an emergency response. Please note, you do not need to provide details of your medical condition or disability – only about the type of help you may need in an emergency.

Date:

EMPLOYEE INFORMATION

Name:

Department:

Telephone:

Mobile phone:

E-mail

EMERGENCY CONTACT INFORMATION

Name:

Telephone:

Mobile phone:

E-mail:

Relationship:

WORKPLACE LOCATION

1. Where do you work?

Address:

Floor:

Room name/number:

2. Do you work in different places on a regular basis?

Yes

No

List the addresses, floors, and room locations. (Use additional sheets as necessary.)

POTENTIAL EMERGENCY RESPONSE BARRIERS

3. Can you read/access our emergency information?

Yes

No

If not, what would make this information accessible to you? (Use additional sheets as necessary.)

4. Can you see or hear the fire/security alarm signal?

Yes

No

I don't know

If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.)

5. Can you activate the fire/security alarm system?

Yes

No

I don't know

If not, what would help you to sound the alarm? (Use additional sheets as necessary.)

6. Can you talk to emergency staff?

- Yes
- No

If not, what would help you to communicate with them? (Use additional sheets as necessary.)

7. Can you use the emergency exits?

- Yes
- No
- I don't know

If not, what would help you to exit the building? (Use additional sheets as necessary.)

8. Do you require a mobility device?

- Yes
- No

If yes, what mobility device(s) do you require?

Does your mobility device hinder your ability to exit your work location?

- Yes
- No
- I don't know

Not applicable

If yes, how so?

Does your mobility device fit in the emergency waiting area?

- Yes
- No
- I don't know

If not, what would help it fit, or is there a better location? (Use additional sheets as necessary.)

11. Could you find the exit if it were smoky or dark?

- Yes
- No
- I don't know

If not, what would help you to find the exit? (Use additional sheets as necessary.)

12. Would you be able to evacuate during a stressful and crowded situation?

- Yes
- No
- I don't know

If not, what would help you to evacuate? (Use additional sheets as necessary.)

13. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.)

14. Is there anyone in particular who could assist you or who you would like to assist you?

15. If you need other accommodations in an emergency, please list them here. (Use additional sheets as necessary.)
