Personal Evacuation Plan Template

Personal Information:

Name: _______________________
ID: __________________________
Residence Hall: ___________________
Cell Phone: _____________________
Hall Director: ____________________
Phone: __________________________
Resident Assistant: ________________
Phone: __________________________
Evacuation Assistant #1: ____________
Phone: __________________________
Evacuation Assistant #2: ____________
Phone: __________________________

Type(s) of disability

☐ Mobility: non-wheelchair user    ☐ Learning difference
☐ Mobility: use of crutches       ☐ Medical condition
☐ Mobility: electric wheelchair user ☐ Low Vision
☐ Deaf/Hard of hearing: sign language ☐ Deaf/Hard of Hearing: oral
☐ Deaf/Hard of Hearing: oral       ☐ Psychological
☐ Communication/speech limitation ☐ Other: ________________________________

Limitations and information emergency personnel should be aware of (including medication):
_____________________________________________________________________________________
_____________________________________________________________________________________

Items for Preparedness Kit:

1) ____________________________________  3) ________________________________
2) ____________________________________  4) ________________________________
Plan for Building: ________________________________

Date Plan Completed: _____________________

Start Date: ________________________________  End Date: ________________________________

Days Generally In Building: ☐ Sun  ☐ M  ☐ T  ☐ W  ☐ R  ☐ F  ☐ Sat

Times of Day Generally in Building: ________________________________________________

Evacuation Routes, including final meeting place:

Route #1:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Route #2 (in the event that Route #1 is inaccessible):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Assistance Instructions (medical, equipment, communication and carry instructions):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Back-up Plan (in the event that an Evacuation Assistant is unable to assist and you are alone):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________