Personal Emergency Evacuation Planning Checklist

(Rev. 5-16)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Primary Location: |  |
| Building (home, office, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Primary Phone: |  |
| Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: |  |
| Floor: |  | E‑mail: |  |
| Service Animal: | Yes  | No  |

OCCUPANT NOTIFICATION

|  |  |  |
| --- | --- | --- |
| **Type of Emergency** | **Is there Method or Device for Notification?** | **Comment** |
|  | **YES (√ )** | **NO (√ )** | **N/A (√ )** |  |
| Fire |  |  |  |  |
| Earthquake |  |  |  |  |
| Flood |  |  |  |  |
| Storm |  |  |  |  |
| Attack |  |  |  |  |
| Other (specify) |  |  |  |  |

|  | **YES (√ )** | **NO (√ )** | **N/A (√ )** | **Comments** |
| --- | --- | --- | --- | --- |
| Are there emergency notification devices (alarms, etc.) appropriate for this person? |  |  |  |  |
| Fire |  |  |  |  |
| Earthquake |  |  |  |  |
| Flood |  |  |  |  |
| Storm |  |  |  |  |
| Attack |  |  |  |  |
| Other |  |  |  |  |
| Does this person know the location of each emergency notification device/system and understand its meaning/function? |  |  |  |  |
| Fire |  |  |  |  |
| Earthquake |  |  |  |  |
| Flood |  |  |  |  |
| Storm |  |  |  |  |
| Attack |  |  |  |  |
| Other |  |  |  |  |

FINDING THE WAY OUT

|  | **YES (√ )** | **NO (√ )** | **N/A (√ )** | **Comments** |
| --- | --- | --- | --- | --- |
| Is there a usable way out?How many? |  |  |  |  |
| Where is it (are they)? (List all and indicate nearest.) |  |
| Where is the established outside meeting place? |  |
| Is the usable circulation path clearly marked to show the route to leave the building or to relocate to some other space within the building in an emergency? |  |  |  |  |
| Mobility disabilities |  |  |  |  |
| Blind or low vision |  |  |  |  |
| Deaf or hard of hearing |  |  |  |  |
| Speech disabilities |  |  |  |  |
| Cognitive disabilities |  |  |  |  |
| If a person exiting a doorway or turning a corner could inadvertently be directed into the path of a moving vehicle is a safeguarding device with a warning sign in place, and is it: |  |  |  |  |
| Clearly visible? |  |  |  |  |
| In tactile text? |  |  |  |  |
| In braille? |  |  |  |  |
| Audile? |  |  |  |  |
| If the stairs in the circulation path lead anywhere but out of the building, are doors, partitions, or other effective means used to show the correct route out of the building, and are they: |  |  |  |  |
| Clearly visible? |  |  |  |  |
| In tactile text? |  |  |  |  |
| In braille? |  |  |  |  |
| Audile? |  |  |  |  |
| Do exterior circulation paths have guardrails to protect open sides of walking surfaces? |  |  |  |  |
| Are exterior circulation paths smooth, solid, and substantially level travel surfaces? |  |  |  |  |
| Do exterior circulation paths branch off and head away from the public way? (They should not.) |  |  |  |  |
| Is each exit marked with a sign reading “EXIT” that is properly located and:  |  |  |  |  |
| Clearly visible? |  |  |  |  |
| In tactile text? |  |  |  |  |
| In braille? |  |  |  |  |
| Directional Sound? |  |  |  |  |
| Are there brightly lit signs, displays, or other objects in or near the line of vision that*:* |  |  |  |  |
| Obstruct exit signs? |  |  |  |  |
| Distract attention from exit signs? (Particularly for people with low vision?) |  |  |  |  |

USING THE WAY OUT

|  | **YES (√ )** | **NO (√ )** | **N/A (√ )** | **Comments** |
| --- | --- | --- | --- | --- |
| Are circulation paths always free of obstructions, including furniture and equipment, so everyone can safely exit the building during an emergency? |  |  |  |  |
| Are people required to travel through a room that can be locked, such as a restroom? **(THEY SHOULD NOT BE!)** |  |  |  |  |
| Do all interior doors, other than fire doors, readily open from the inside without keys, tools, or special knowledge and require less than 5 pounds of force to unlatch and set the door in motion? |  |  |  |  |
| Are any exit signs obstructed or concealed in any way, particularly for people with vision impairments who need to find and feel the sign? **(THEY SHOULD NOT BE!)** |  |  |  |  |
| Are exit doors kept free of items that obscure the visibility of exit signs or that may hide or prevent proper access to visual, tactile, or braille signage? |  |  |  |  |
| Are any temporary/emergency escape paths clear of obstacles caused by construction or repair? |  |  |  |  |
| Is the clear height of the circulation path maintained at a minimum height of 6 ft 8 in. at all points? |  |  |  |  |
| Do objects that stick out into the circulation path, such as ceiling fans and wall cabinets, reduce the required minimum height and width of the circulation path? **(THEY SHOULD NOT!)** |  |  |  |  |
|  |  |  |  |  |
| Are usable circulation paths at least:  |  |  |  |  |
| 32 in. wide for any segment less than 24 in. in length? |  |  |  |  |
| 36 in. for all segments 24 in. or longer? |  |  |  |  |
| Is each usable circulation path a permanent part of the facility? |  |  |  |  |
| If the circulation path is not substantially level, are occupants provided with appropriate stairs or a ramp? |  |  |  |  |
| Do building circulation paths lead to a public way: |
| Directly outside or to a street or walkway? |  |  |  |  |
| Via an area of refuge and from there to a public way? |  |  |  |  |
| To an open space with access to the public way? |  |  |  |  |
| To streets, walkways, or open spaces large enough to accommodate all building occupants likely to use the exit? |  |  |  |  |

TYPE OF ASSISTANCE NEEDED

|  | **YES (√ )** | **NO (√ )** | **N/A (√ )** | **Comments** |
| --- | --- | --- | --- | --- |
| What does the assistant(s) need to do? |  |
| Does the assistant(s) need any training? |  |  |  |  |
| Has the training for assistant(s) been completed? |  |  |  |  |
| Where will the assistant(s) meet the person requiring assistance? |  |
| When will the person requiring assistance contact the assistant(s)? |  |

NUMBER OF ASSISTANTS NEEDED

|  |  |
| --- | --- |
| How many assistants are needed? |  |
| How will the assistant(s) be contacted in an emergency? |

| **Name** | **Phone** | **Cell Phone** | **E-mail** |
| --- | --- | --- | --- |
| Assistant 1: |  |  |  |
| Assistant 2: |  |  |  |
| Assistant 3: |  |  |  |
| Assistant 4: |  |  |  |
| Assistant 5: |  |  |  |
| Assistant 6: |  |  |  |

PREPARING FOR A SERVICE ANIMNAL

|  | **YES (√ )** | **NO (√ )** | **Comments** |
| --- | --- | --- | --- |
| Has the person discussed with assistants and emergency management personnel their preferences with regard to evacuation and handling of the service animal? |  |  |  |
| Has the person thought about under what circumstances a decision may have to be made about leaving the service animal behind? |  |  |  |
| What is the best way to assist the service animal if it becomes hesitant or disoriented? |  |  |  |
| Is it in writing? |  |  |  |
| Are there copies with all assistants? |  |  |  |
| Have copies been filed with first responders? |  |  |  |
| Do first responders have a copy of the detailed information for the service animal? |  |  |  |
| Where are extra food and supplies kept for the service animal? |  |