



THORNELOE UNIVERSITY

AT LAURENTIAN

Employee Emergency Information Worksheet (AODA) *[this form is available in alternative formats upon request]*

Date: _____

Employee Information

Name: _____

Department: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Emergency Contact Information

Name: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Relationship: _____

Work Location

1. Where do you work?

Address:

Room Number: _____

2. Do you work in different places on a regular basis? Yes ___ No ___

List the addresses, floors and room locations.

Potential Emergency Response Barriers

3. Can you see or hear the fire/security alarm signal? Yes ___ No ___ Don't know ___

If no, what would help you know the alarm was flashing/ringing?

4. Can you activate the fire/security alarm system? Yes ___ No ___ Don't know ___

If no, what would help you sound the alarm?

5. Can you talk to emergency staff? Yes ___ No ___

If not, what would help you to communicate with them?

6. Can you use the emergency exits? Yes ___ No ___ Don't know ___

If no, what would help you exit the building?

7. Does your mobility device fit in the emergency waiting area? Yes ___ No ___ Don't know ___

If not, what would help it fit, or is there a better location?

8. Could you find the exit if it was smoky or dark? Yes ___ No ___

If no, what would help you find the exit?

9. Can you exit the building by yourself? Yes ___ No ___

If no, what would help you to get out?

10. Can you get into an emergency evacuation chair by yourself? Yes ___ No ___ Don't know ___ N/A ___

If no, what help do you need?

11. Would you be able to evacuate during a stressful and crowded situation? Yes ___ No ___

If no, what would help you evacuate?

12. Can you read/access our emergency information? Yes ___ No ___
If no, what would make this information available to you?

13. If you need help to evacuate, what instructions do people need to help you?

14. If you need other accommodations in an emergency, please list them here.