



THORNELOE UNIVERSITY

AT LAURENTIAN

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

Individualized Workplace Emergency Response Information for:

Name: _____

Department: _____

Emergency Contact Information

Name: _____

Telephone: _____ Email: _____

Mobile Phone: _____

Relationship: _____

Work Location

Address: _____

Room Name/Number: _____

Emergency Alerts

_____ will be informed of an emergency situation by:

Existing alarm system: _____

Pager device: _____

Visual alarm system: _____

Co-worker: _____

Other (specify): _____

Assistance Methods

List types of assistance (e.g., staff assistance, transfer instructions, etc.)

Equipment Provided

List any devices, where they are stored, and how to use them

Evacuation Route and/or Procedure

Provide a step-by-step description, beginning from the first sign of an emergency

Alternate Evacuation Route

Emergency Support Staff

The following people have been designated to help _____ in an emergency:

Name	Location and/or contact information	Type of Assistance

Consent to share individualized emergency response information:

I _____ consent to _____ sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature: _____ Date: _____

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Next review date: _____