



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.