



THE UNIVERSITY OF WINNIPEG

Individualized Emergency Plan

If you have a disability – whether permanent, temporary, visible, or invisible – and if you believe you may need help during an emergency, please complete this self-assessment form to identify barriers and possible solutions. Your input will help us prepare an emergency response plan that considers your needs.

The information collected is confidential and will only be shared with your consent. You do not have to provide details of your medical condition of disability in this form, only the type of help you may need in an emergency.

If you require this form in a different format, or an in-person meeting, please contact the Employee Health and Wellness Specialist, Linda Harrison, at li.harrison@uwinnipeg.ca.

Employee's name:	Date:
Employee's position:	Employee's department:
Supervisor(s):	

Do you use a service animal while at the University? Yes No

Emergency Contact Information:

Name:	Phone:
Email (Emergency):	Relationship:

Where do you work?

Address and building:	Floor:
Do you work in different places on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Potential Emergency Response Barriers:

Can you read or access our emergency information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Can you see or hear the fire and security alarm signal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Can you activate the fire and security alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Are you physically able to speak with emergency staff during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Can you use the emergency exits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If you have a mobility device (e.g. wheelchair, walker, or scooter), does it fit in the emergency waiting area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> N/A

Could you find the exit if it were smoky or dark?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Can you exit the building without assistance or support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Would you be able to evacuate during a stressful and crowded situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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

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

*** Please submit this form to the Employee Health and Wellness Specialist, Linda Harrison, at li.harrison@uwinnipeg.ca ***