PERSON REQUIRING ASSISTANCE (PRA) - PERSONAL EMERGENCY PLAN

Protected B (when completed)

The personal emergency plan is developed for Persons Requiring Assistance (PRAs) and monitors to establish clear requirements and expectations during emergencies. While individuals are not obligated to self-identify as being as needing assistance, it is in their best interest to communicate their evacuation needs and abilities to avoid putting themselves and others at risk. Managers and PRAs should work together to plan the best, most suitable evacuation and assistance strategies.

For more information, please consult the <u>Planning for safety – Evacuating people who need assistance in an emergency</u> and the <u>ESDC PRA guide</u>.

Section 1 – PRA Contact Information				
Last Name:		First Name:		
Work Number:		Mobile Number	:	
Email Address:		·		
Office Location:	Floor:		Workstation #:	
On Site Work Days:	·	On Site Work H	ours:	

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Section 2 – Description of	of PRA Requiremen	ts
Brief description of limitations/impairment		
Type of assistance required		
Type of evacuation device required (if any)		
Do you have a preferred lift or carry method during an evacuation (if necessary)?		
What emergency communication means works best for you: VISUAL or AUDIO?	?	
Does the building emergency notification system respond to your needs? (YES or NO)?		
Can the elevator provide you a safe exit during an evacuation or will you require using the stairs?		
Is your need for assistance long term or temporary?	□ Temporary	If temporary, what is the expected duration?
,	□ Long term	
Do you require advance notification prior to an emergency exercise/drill? If Yes, please explain.		
Additional notes/comments:		

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Section 3 – Procedures Description		
Initial Meeting Location on Floor		
Area of Refuge (if building equipped)		
Specific Emergency Actions/Evacuation Procedures		
Alternate Procedure/Immediate Danger (i.e. Shelter in place or Armed Intruder)		

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Section 4 – Monitor Info	madon (piease p		lacis)
(1) Last Name:		First Name:	
Work Number:		Mobile Number:	
Email Address:			
Office Location:	Floor:		Workstation #:
(2) Last Name:		First Name:	
Work Number:		Mobile Number:	
Email Address:			
Office Location:	Floor:		Workstation #:
Alternate Monitor(s)			
Last Name:		First Name:	
Work Number:		Mobile Number:	
Email Address:			
Office Location:	Floor:		Workstation #:
Last Name:		First Name:	
Work Number:		Mobile Number:	
Email Address:			
Office Location:	Floor:		Workstation #:

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PLEASE READ AND CHECK ALL STATEMENTS BEFORE SIGNING AND SUBMITING FORM

	This personal emergency plan was discussed and requirements communicated to my
Mo	onitors/Manager.

☐ The Chief Emergency Warden (CEW) is aware of my plan and will be shared it with the Building Emergency and Evacuation Team (BEET).

NOTE: Once the form is completed, the Chief Emergency Warden (CEW) or their designate will brief the PRA, Monitors as well as the Manager/Supervisor on their Roles and Responsibilities.

Section 5 – Signatures			
Printed Name (PRA)	Signature	Date (YYYY/MM/DD)	
Printed Name (Manager/Supervisor)	Signature	Date (YYYY/MM/DD)	