|  |  |  |  |
| --- | --- | --- | --- |
| Name of employee |  | Role/Designation |  |
| Place of Work |  | Date completed |  |
| Completed by |  | Role/Designation |  |

|  |  |
| --- | --- |
| I am informed of an emergency requiring evacuation by: | |
| Audible alarm system |  |
| Visual alarm system |  |
| Other (please specify) |  |

|  |  |
| --- | --- |
| The following people have been designated to give me assistance during an emergency evacuation: - | |
| Name |  |
| Contact details |  |
| Name |  |
| Contact details |  |
| Name |  |
| Contact details |  |

|  |
| --- |
| The following equipment is provided for my use during an emergency evacuation: - |
|  |

|  |
| --- |
| The following procedure is provided for me to follow during an emergency evacuation: - |
|  |

|  |
| --- |
| I am required to use the following main or alternative escape routes during an emergency evacuation: - |
|  |

|  |  |
| --- | --- |
| Signature of employee |  |
| Date |  |
| Review date |  |