



Employee Emergency Response Information Form

All information in this document is confidential and will only be shared with the employee's consent.

Individualized Workplace Emergency Response Information for:

Name:
Branch Number/Location:

Emergency Contact Information

Name:	
Telephone:	Email:
Mobile Phone:	
Relationship:	

Work Location

(Repeat for other work locations)

Address:	
Floor:	Room Name/Number

Emergency Alerts

[Name of employee] will be informed of an emergency situation by:

Existing 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 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 [employee name] in an emergency.

Name	Location and/or Contact Information	Type of Assistance

Consent to share individualized emergency response information

I [Employee Name] give consent to Kelly Services (Canada) Ltd., 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:
[Manager]

Date:

Form reviewed by:
[Employee]

Date:

Next review date: