



# Swarthmore College

## Emergency Evacuation Referral Form for Faculty and Staff with a Disability

To be effective in the event of an emergency evacuation, the College must be able to identify and support those faculty and staff members with a disability who need assistance in order to evacuate safely in time of need. If you are a person with a disability, even if you have not self-identified or asked for an accommodation, the College requests that you complete this form **if you feel you would need assistance in evacuating during an emergency.**

Please complete the applicable sections of this form and return it, in confidence, to Lee Robinson, Employee Relations Manager, Human Resources Office, Pearson Hall #10. The requested information will be treated confidentially, will not be kept in your personnel file, and will be used only to develop an emergency evacuation plan for you.

### General Information

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_ Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Ext. \_\_\_\_\_

Work Location: \_\_\_\_\_

### Functional Limitation

Mobility

Auditory

Visual

Other

\*\*\* Please complete each section that applies to you \*\*\*

#### Mobility

1. What, if any, mobility devices do you use?  Wheelchair  Scooter  Cane or crutches

Other: \_\_\_\_\_

2. Do you have a functional limitation with:  Using stairs  Opening doors  Stamina/distance

Other: \_\_\_\_\_

Do you use a service animal?  Yes  No

If yes, please describe \_\_\_\_\_

3. During a normal day, if an emergency evacuation were to occur would you be able to evacuate the facility without assistance?  Yes  No

#### Auditory

1. Do you use hearing assistance devices during the day?  Yes  No

If yes, please describe \_\_\_\_\_

During a normal day, if an emergency evacuation were to occur, would you be able to hear the alarm and evacuate without assistance or special notification?  Yes  No

If no, please describe the type(s) of assistance or notification that would be necessary:

**Visual**

1. Does your visual impairment prohibit or hinder your evacuation during an emergency?

Yes     No

2. Do you use a cane or guide dog that helps you with travel throughout the day?

Yes     No

**Other** (e.g. anxiety, psychiatric disorder, asthma, seizure disorder)

What are your concerns about evacuating in an emergency? \_\_\_\_\_

*I hereby give permission for the Employee Relations Manager and the Director of Public Safety to notify, if needed, my supervisor or other work colleagues with regard to a specific assistance plan to be used during an emergency evacuation.*

This form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent to Public Safety: \_\_\_\_\_ Date Faculty/Staff Interviewed: \_\_\_\_\_

Evacuation Procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty/Staff Providing Evacuation Assistance: \_\_\_\_\_ Contacted: \_\_\_\_\_

\_\_\_\_\_ Contacted: \_\_\_\_\_

\_\_\_\_\_ Contacted: \_\_\_\_\_