



Visitor Emergency Assistance Request Form

The Society endeavours to ensure the physical safety of its employees and visitors. We ask visitors with disabilities requiring instruction or assistance during an emergency situation to use this form to provide the Emergency Response Team with necessary information. This information will be provided to First Responders to aid their response in an emergency situation.

Name: _____

Contact information: _____

Emergency contact: _____

Purpose of attendance at building: _____

Usual area of building accessed (ie family visit area, meeting room, etc.): _____

Nature of assistance required (including any equipment, device or personal support):

Date information provided: _____

Signature: _____

Distribution: ERT, AOP, Reception, Worker/Supervisor

July 17, 2014