

FLINDERS UNIVERSITY

PERSONAL EMERGENCY EVACUATION PLAN

Name	
Building / Room no.	
Nature of impairment Eg. mobility/hearing/sight/other (pls specify)	
Is the impairment temporary or permanent?	T <input type="checkbox"/> P <input type="checkbox"/>
If temporary, likely duration/...../..... to/...../.....
Supervisor Contact number	
Person responsible to assist Contact number	
Evacuation plan (give details of how the person is to be assisted from the building, including most likely exit route)	
Chief Warden advised on:	
Signed (person requiring assistance)	
Date/...../.....