



Saint Charles Borromeo Seminary Personal Evacuation Plan

Name: _____

Employee	Student
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Office Location:		Campus Address:	
Phone:		Phone:	
Supervisor:		Res. Director:	
Supervisor Ph#:		RD's Phone:	
Contact Person:		Phone:	

Type of disability: (Optional) Check if applicable

<input type="checkbox"/> Mobility - non-wheelchair <input type="checkbox"/> Mobility - Electric wheelchair user <input type="checkbox"/> Mobility - Manual wheelchair user <input type="checkbox"/> Deaf/Hard of Hearing – sign language <input type="checkbox"/> Deaf/Hard of Hearing – oral <input type="checkbox"/> Learning difference <input type="checkbox"/> Service Animal User	<input type="checkbox"/> Communication/Speech Limitation <input type="checkbox"/> Blind <input type="checkbox"/> Low Vision <input type="checkbox"/> Color Blind <input type="checkbox"/> Developmental <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____
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Limitations and information emergency personnel should be aware of (including medication):

Plan:

Building: _____ **Days Generally In Bldg:** Sun M T W R F Sat

Time of Day Generally in Building: _____

Date Plan Completed: _____

Effective Dates: _____ **through** _____

Key Personnel To Contact For Assistance in Developing Your Evacuation Plan(s):

Name:	Title:	Phone:
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Designated Buddies

Buddy System

- Person with disability and buddy must be able to contact each other quickly.
- Assign at least two buddies.
- Person with disability should train buddies when plan completed.
- Buddies need to be willing and capable of assisting in an evacuation.
- Share individual plans for a building with campus police and key persons who regularly work or live in the building.

Buddy #1 Name	Campus Address	Phone:
Buddy #2 Name	Campus Address	Phone:

Evacuation Route #1 (include final meeting place)

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Evacuation Route #2 (include final meeting place)

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Assistance Instructions (Such as medical, equipment, communication and carry instructions):

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Plan For When You Are Not In The Company Of Others:

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Individuals And Offices Who Will Receive A Copy Of This Plan

Campus Security	
Name	Title