

Employee Emergency Preparedness Information

Administrators, have your employees complete this form well in advance of potential disasters. It will not only assist you with your facility's emergency preparedness plans, it will also help your employees formulate their own personal plans.

Employee Emergency Preparedness Information			
Name		Home Phone Number	
Address	City	State	Zip
Position	Name of Relative to contact in an emergency	Relative's Phone Number	
Do you live in a hurricane evacuation zone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you planning to stay in your home during a hurricane? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you evacuate, where do you plan to go? (Place, Name)		Phone Number	
Address	City	State	Zip
Will you report to work if called in during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you need assistance preparing personal property for an emergency situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you have family members requiring special arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
If yes, do you plan to bring family members when reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
Do you have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
Will you accompany evacuating residents, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, do you plan to bring family members? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
Do you have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Can you assist with resident care or other duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can we assist you with your personal emergency preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how?			
Please provide any other pertinent information (relating to disaster situations):			
Signature		Date	