

Employee Emergency Self-Identification Form

The U.S. Department of the Interior, Office of Emergency Management, is committed to ensuring the safety of employees and other visitors to the Main and South Interior Buildings. That commitment includes providing assistance to employees with disabilities or certain medical conditions during an emergency. Such persons are requested to identify their need for assistance and to specify what is required for a safe evacuation of the building during an emergency. This form should be delivered to the Disability Program Manager in the Accessible Technology Center, MIB room 2070. This form should be updated yearly or as information changes.

This document is a voluntary self-identification form through which employees with disabilities may identify their need for assistance during an emergency. The information requested on this form is for the sole purpose of deploying assistance to the undersigned employee during an emergency. The Rehabilitation Act of 1973, as amended, requires that medical information about applicants be kept confidential except for that provided to first aid, first responders, and safety and health personnel. Thus, the Office of Emergency Management may share information about the type of assistance and individual needs with medical professionals, emergency coordinators, emergency evacuation personnel (wardens), buddies, and security officials who need to confirm that everyone has been evacuated, and other non-medical personnel who are responsible for ensuring emergency preparedness.

1. Name: _____
Last First Middle Initial

2. Date: _____

3. Organization: _____

4. Work Station location:

Building: MIB or, SIB Room Number: _____

5. Office phone number: _____

6. Cell phone / text pager number (with Area Code): _____

7. Email address: _____

8. Blackberry PIN: _____

9. Your work schedule (e.g., Monday-Friday, 8:00 am-5:00 pm): _____

10. Name of Supervisor: _____
Last First Middle Initial

Room number: _____

Office phone number (with Area Code): _____

Signature of supervisor: _____



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11. Name of Buddy: _____
Last First Middle Initial
Office phone number: _____ Room Number: _____
Cell phone / text pager number (with Area Code): _____
Email address: _____
Blackberry PIN: _____

12. Name of Alternate Buddy: _____
Last First Middle Initial
Office phone number: _____ Room Number: _____
Cell phone / text pager number (with Area Code): _____
Email address: _____
Blackberry PIN: _____

13. Your disability or medical condition (check all that apply):

- Blind/low vision
- Deaf/hard of hearing
- Mobility restricted
- Respiratory condition
- Wheelchair
- Other If other, provide additional details:

14. Type of assistance required during an emergency evacuation:

- Assistance in navigating the building
- Aid in descending stairs (evacuation chair)
- Alternative communication (pager)

Evacuation Chair Use: Evacuation chairs are to be used only by trained personnel to assist individuals with disabilities who choose to be evacuated via the stairway during an emergency. This form must be submitted by the individual with a disability, through their supervisor, to the Disability Program Manager in the Accessible Technology Center in MIB room 2070 if this evacuation option is preferred. A sufficient number of volunteers willing to assist must be identified and trained in the proper use of the evacuation chair. Please list the individuals below who will participate in the use of evacuation chairs, include their names, telephone and room numbers.

