

## Registration Form for a Person Requiring Assistance

Name: \_\_\_\_\_  
Building Address: \_\_\_\_\_  
Floor: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone: \_\_\_\_\_

Using the following definitions, indicate with a check mark  which of the following definitions best describes your personal situation:

**Level I** – My condition is temporary and does not prevent me from participating in a fire drill or an actual emergency evacuation, although it may cause some pain or discomfort, (e.g. pregnancy; broken bone).

If you select the Level I category, provide an anticipated end date of your temporary condition.

**Anticipated end date of temporary condition:** \_\_\_\_\_

**Level II** – My condition is permanent and I am not able to evacuate the building without assistance, (e.g. use a wheelchair).

I acknowledge that:

- I will stay with my designated Attendant at all times, as set out in the emergency and evacuation procedures, during a fire drill or an actual emergency evacuation.
- I must complete the Registration Form for a Person Requiring Assistance and advise my Floor or Fire Warden of any change to my personal information.
- I understand my role in the emergency and evacuation procedures during a fire drill or an actual emergency evacuation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return this completed Registration form to your Floor or Fire Warden/Chief Warden, as applicable. (Insert Name)

**Note:** There is no guarantee that the Fire Department will be in a position to provide immediate evacuation of Level II PRAs during an emergency. Consult with the Fire Department beforehand to develop an alternate plan for evacuation.