Emergency Evacuation Assistance Request

UTHSC-H seeks to protect its community from the effects of unpredictable situations by establishing specific procedures for coping with local emergencies. If you need assistance to evacuate the building during such an emergency, please complete the form below and return it in person or via inter office mail to Environmental Health & Safety in OCB 1.330 or fax the form to 713-500-8111.

Upon receipt, a member of the Environmental Safety & Health team will be contacting you to confirm the delivery of the form, to discuss the program with you. He or she will then update the HFD Fire Depository Box and notify UTPD.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building and Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need assistance in evacuating the building on a:

□ Temporary basis from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ until approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Throughout my employment/studies at UTHSC-H

□ I will no longer need emergency evacuation assistance

Comment: (optional) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A member of the Environmental Safety & Health team will be contacting you upon the receipt of this form to discuss the program and to ensure you know how to respond in the event of a building emergency. If you would like a more detailed, in person, discussion of the program, please check the box below:

□ I would like a safety specialist to speak with me in person at my location about the evacuation concerns specific to my location and provide greater detail about the Emergency Evacuation Assistance Program.

ASLs and other designated personnel have been trained regarding evacuation procedures. If you have any questions or need additional information, please contact your ASL or EH&S at 713-500-8100.

I understand that I must notify the office of Environmental Health and Safety if emergency evacuation assistance is no longer needed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_