**Emergency Evacuation Assistance Request**

Occasionally, some individuals may need assistance to evacuate a building during an emergency situation. UTHealth Environmental Health & Safety (EHS) is available to assist in the development of mobility assistance plans for any individual who may need temporary or long term assistance during emergency evacuations. Please complete this Emergency Evacuation Assistance Request form and return it to EHS via email to osfp.safety@uth.tmc.edu, campus mail to OCB 1.330, or fax to 713-500-8111.

Upon receipt of this form, a member of the EHS team will contact you to set up a time to discuss a plan specific for you and your location(s) within UTHealth buildings. We will work directly with you, your supervisor, and the local Area Safety Liaison (ASL) in your area to assist with the execution of the determine plans. Also, a copy of this written plan will be included in the building Fire Depository Box for use by the Houston Fire Department and UT Police when necessary.

Your 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 UTHealth

□ I will no longer need emergency evacuation assistance

Provide additional details for EHS regarding this mobility assistance request, including building and/or office/lab/clinic location(s):

□ I understand that, unless stated otherwise below, EHS will contact my supervisor and the local ASL to discuss my mobility assistance plan.

□ Please have EHS contact me directly. I do not wish to disclose this mobility assistance request with my supervisor or ASL at this time.

Other comments to EHS, if any:

□ I understand that I must notify EHS if emergency evacuation assistance is no longer needed.

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