



Emergency Evacuation Plan

This voluntary form is for students who will require assistance in quickly getting out of campus buildings during fire alarms or by an official announcement. You should complete this with an SDS staff member.

Please review Cornell's emergency procedures at: <http://www.cupolice.cornell.edu/emergency/procedures.cfm>

Personal Information:

Student Name: _____

Campus Residential Address _____

Campus Phone: _____ Cell Phone _____

Campus Office Address (if applicable) _____

Office Phone: _____

Resident Hall Director Name: _____

RHD's Phone #: _____

Type of disability(ies): (Optional)

- | | |
|---|--|
| <input type="checkbox"/> Mobility - non-wheelchair | <input type="checkbox"/> Communication/Speech Limitation |
| <input type="checkbox"/> Mobility - Electric wheelchair user | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Mobility - Manual wheelchair user | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Deaf/Hard of Hearing – sign language | <input type="checkbox"/> Color Blind |
| <input type="checkbox"/> Deaf/Hard of Hearing – oral | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Service Animal User | |

Limitations and information emergency personnel should be aware of (including medication):

Plan:

Building: _____ Days Generally In Bldg: Sun M T W R F Sat

Time of Day Generally in Building: _____

Date Plan Completed: _____

Effective Dates: _____ through _____

Designated Assistant(s):

Assistant #1 Name: _____

Campus Address: _____ Campus Phone #: _____

Assistant #2 Name: _____

Campus Address: _____ Campus Phone #: _____

Evacuation Routes (include final meeting place)

ROUTE #1:

ROUTE #2 (If route #1 becomes non-accessible during emergency):

Assistance Instructions (Such as medical, equipment, communication and carry instructions):

Plan For When You Are Not In The Company Of Others:

Disability Related Items to Put In Disaster Supplies Kit

- 1) _____ 3) _____
2) _____ 4) _____

Emergency Items to Keep on Person at All Times:

- 1) _____ 3) _____
2) _____ 4) _____

Individuals and Offices Who Will Receive a Copy of This Plan:

- Campus Police Environmental Health & Safety Office
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

(All Emergency Evacuation Plans are voluntary)