

**U.S. Department of the Interior  
National Business Center  
Employee Emergency Self-Identification Form**

In an emergency, the U.S. Department of the Interior, National Business Center (NBC), 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 Interior Complex Building Manager's Office, Mail Stop 1210-MIB.

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 NBC 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. Organization: \_\_\_\_\_
3. Work Station location:  
❖ Building: MIB [ ] or, SIB [ ] Room Number: \_\_\_\_\_
4. Office phone number (with Area Code): \_\_\_\_\_
5. Cell phone number (with Area Code): \_\_\_\_\_
6. Your work schedule (e.g., Monday-Friday, 8:00 am-5:00 pm): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of Supervisor: \_\_\_\_\_  
Last First Middle Initial  
❖ Room number: \_\_\_\_\_  
❖ Office phone number (with Area Code): \_\_\_\_\_  
❖ Signature of supervisor: \_\_\_\_\_

8. Name of Buddy: \_\_\_\_\_  
Last First Middle Initial

❖ Office phone number (with Area Code): \_\_\_\_\_

❖ Room Number: \_\_\_\_\_

9. Name of Alternate Buddy: \_\_\_\_\_  
Last First Middle Initial

❖ Office phone number (with Area Code): \_\_\_\_\_

❖ Room number: \_\_\_\_\_

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

❖ Blind/low vision [ ]

❖ Deaf [ ]

❖ Mobility restricted [ ]

❖ Respiratory condition [ ]

❖ Other [ ] If other, provide additional details:

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11. 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 disabled persons who choose to be evacuated via the stairway during an emergency. This form must be submitted from the disabled employee, through their supervisor, to the Building Manager's office 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.

✓ \_\_\_\_\_

✓ \_\_\_\_\_

✓ \_\_\_\_\_

✓ \_\_\_\_\_

✓ \_\_\_\_\_