

Department of Energy Emergency Evacuation Employee Self-Identification Form

In light of recent events, and to ensure the safety and security of DOE Headquarters' employees, the Engineering and Facilities Management Services Group is conducting a survey to identify those individuals who will require assistance when exiting the building during a site evacuation. Completion of this survey is voluntary. Any information provided will be kept confidential and shared only with those having assistance responsibilities under the emergency evacuation plan.

Information provided need only describe the kind of assistance required during an emergency evacuation. Disclosure of medical condition is not necessary. Employees should provide only information that will be essential to those assisting them.

Upon completion of the form, please return it to your Organization Safety and Health representative.

Name: _____ Organization: _____

Phone Number: _____ Duty Hours: _____

Building: _____ Room Number: _____

Supervisor: _____ Supervisor's Phone Number: _____

Please describe the type of assistance you will require: _____

My current situation is: permanent
 temporary, will not need assistance after (date) _____

Floor Warden: _____

Should your situation change, please notify Organization Safety and Health Representative.

Thank you for your cooperation.