



Ewing Township Fire Services

EMERGENCY EVACUATION PLAN

DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE ASSISTANCE IN AN EMERGENCY OR EVACUATION? IF "YES", PLEASE FILL OUT THE FORM BELOW.

If you need assistance in case of a fire or emergency, including evacuation, please complete and return this Emergency Evacuation Plan Form. This form may only be shared with Ewing Township Fire Departments (Station 30, 31, 33) to provide assistance, if needed, in the event of an emergency or evacuation. Should your needs change, it is your responsibility to provide an updated form so information can be kept up-to-date. This form should include information regarding all necessary life support and/or impairments that would impede self-evacuation from your home. If multiple people in the home need assistance, please provide a form for each person.

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

Please return completed forms to:
Attn. F/F Anderson - Ewing Twp. Fire Dept.
1666 Pennington Road
Ewing, NJ 08638
manderson@ewingnj.org

FOR THIS FORM, PLEASE PRINT AND PLACE A "√" ON THE LINES BELOW IF ANY APPLY TO YOU:

I am filling the following information out for: ___ Myself ___ My Child ___ Other: _____

Name: _____

Street Address: _____

Apartment/Room Number: _____ **Floor:** _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: ___ / ___ / ___ **Height:** ___ ft. ___ in. **Weight:** ___ lbs.

Medical History:

Medications:

Allergies:

Category of Disability:

___ Mobility Impairment

- ___ Elderly - Unable to escape on own in two minutes or less**
- ___ Respiratory Impairment: Requires rest/breaks while evacuating**
- ___ Uses Cane**
- ___ Uses Crutches**
- ___ Uses Walker**
- ___ Uses Scooter - Power or Manual**
- ___ Wheelchair - Semi-Permanent: Can transfer to car**
- ___ Wheelchair - Permanent: Wheelchair accessible ride**
- ___ Ambulatory - Braces, Artificial Limbs, Orthopedic Shoes**
- ___ Confined to Bed - Transfer to wheelchair w/ assistance**
- ___ Confined to Bed - On life support**
- ___ Other Mobility Impairment: _____**

___ Blind/Low Vision Impairment

- ___ Partial Vision Loss**
- ___ Total Vision Loss**
- ___ Wite Cane**
- ___ Other Vision Impairment: _____**

___ Deaf/Hard of Hearing Impairment

- ___ Needs special attention to receive an alert**
- ___ Uses TTY/TDD**
- ___ Uses Hearing-Aids**
- ___ Uses Lip Reading**
- ___ Uses Sign Language**
- ___ Explain: _____**

___ Speech Impairment

- Explain: _____**
- ___ Unable to speak**
- ___ Unable to verbally communicate clearly**

___ Cognitive Impairment

- Explain: _____**
- ___ Unable to process**
- ___ Unable to understand**

___ Other disability or reason assistance would be needed

Explain: _____

Evacuation Assistance:

I can evacuate myself with or without a device? ___Yes ___No

I can evacuate in 2 minutes or less? ___Yes ___No

I need assistance to evacuate? ___Yes ___No

How many "assistants" do you need to help evacuate you? _____

Explain in detail the extent of evacuation assistance you need in case of an emergency:

I am on oxygen: ___Yes ___No

___If I lost power, I own a back-up generator which lasts _____ hours.

___If I lost power, I do not own a back-up generator.

___Other Option: _____

I live alone? ___Yes ___No

If no, names and ages of other occupants living with you:

Home Safety:

Is there a method or device for notification in the event of an emergency: ___Yes ___No

___Smoke Alarms

___ Battery Alarms ___ Hard-Wired Alarms

___ Interconnected Alarms

___ Bed Shaker

___ Strobes

___Carbon Monoxide Alarms

___Telephone

___Pull Station

___Other Method/Device: _____

Do you know the location of the emergency notification devices and understand its meaning/function? ___Yes ___No

Do you know how to sound an alert for an emergency? ___Yes ___No

If using a phone to report emergencies, are telephone numbers posted nearby? ___Yes ___No

Do you have a Home Fire Escape Plan: ___Yes ___No

Where is your established Outside Meeting Place or Area of Refuge: _____

Are exit pathways/doors free of obstructions: ___Yes ___No

Is the usable path marked to show the route to leave the building: ___Yes ___No

Do doors have proper maneuvering clearances (32 inches wide): ___Yes ___No

Is each exit marked with an "EXIT" sign: ___Yes ___No

Is every doorway that may be mistaken for an exit marked "NOT AN EXIT": ___Yes ___No

Are all interior doors readily open from the inside without keys, tools, special knowledge, and require less than 5 lbs of force to unlatch them? ___ Yes ___ No

If not, which doors require more? _____

Does your home have:

Stairs: ___ Yes ___ No

Elevator: ___ Yes ___ No

Ramp: ___ Yes ___ No

Lift: ___ Yes ___ No

Do you have a difficulty communicating: ___ Yes ___ No

Do you communicate another way (PEC board, etc.): ___ Yes ___ No

If Yes, What is the device called? _____

If Yes, Where is this device usually kept? _____

Do lights and sirens bother you? ___ Yes ___ No

Do you hide? ___ Yes ___ No

What are your favorite hiding places? _____

Other: _____

Pets:

___ Number of dogs

___ Number of cats

___ Other/describe: _____

Animal(s) friendly? ___ Yes ___ No

Best way to assist if the animal becomes disorientated? _____

Extra food/supplies kept? _____

Veterinarian's Name: _____

Veterinarian's Phone Number: _____

Do you have a service animal: ___ Yes ___ No

Does the fire dept. have detailed information on this animal? ___ Yes ___ No

Relative or other person we can notify to help you in the event of an emergency or evacuation.

Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation to you: _____

Please use the bottom of this page to indicate any other information that wasn't stated above that you feel is vital that the fire department should know, in case of an emergency at your home.