

# Emergency Evacuation Special Needs



This survey is being conducted to identify residents who may require special attention in the event of an emergency. The information provided by you will help us be informed and assist you better and efficiently in the future.

## Contact details

**Name:**

**Contact no:**

**Email:**

**Community:**

**Villa / unit no.:**

**Date:**

## Information

How many people reside in your unit / villa?  1  2  3  4  5  more than 5

Is there a physically challenged person residing in the unit?

Yes

No

Is there a person with a long-term illness residing in the unit?

Yes

No

Is there an aged person with limited mobility residing in the unit?

Yes

No

Is there a pregnant woman residing in the unit?

Yes

No

Is there an infant(s) residing in the unit?

Yes

No

Is there a pet(s) present in the unit?

Yes

No

## Additional comments

Please mention below any comments or suggestions you may have to improve the emergency evacuation procedure: