

QF158

CUSTOMER EMERGENCY PLAN

Please provide as much information as you can to enable the establishment of a

suitable plan									
YES	NO								
Living with others? YES NO If Yes, who with?									
Preferred method of receiving updates in an emergency			Email	Phone	Text				
Type of assistance required in an emergency:									
Equipment required to assist: (please list)									
Medications/equipment/items I need to bring with me: (please list along with their location)									
	eceiving up quired in a	YES NO eceiving updates quired in an emerger assist: (please list)	YES NO eceiving updates In Person quired in an emergency:	YES NO eceiving updates In Person Email quired in an emergency:	YES NO eceiving updates In Person Email Phone quired in an emergency: a assist: (please list)				

Issue Date: 19.03.2020

Review Date: 19.03.2022



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Egress procedure: (give step by step details of what is to happen)
Diagram of preferred route for assisted evacuation : (please provide diagram or attach floor plan / building map)



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Issue Dat	е		Review Date				
Davisous dead approved by							
Reviewed and approved by:							
Name		Signature		Date			

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