

QF158	CUSTOMER EMERGENCY PLAN
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Please provide as much information as you can to enable the establishment of a suitable plan

Customer Name			
Address			
Living with others?	YES	NO	
If Yes, who with?			

Preferred method of receiving updates in an emergency	In Person	Email	Phone	Text
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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)

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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 Date		Review Date	
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Reviewed and approved by:

Name	Signature	Date