**BUILDING EVACUATION ASSISTANCE REGISTER**

FOR: (*Building Number and Name*), (*Address of Building*)

This Register to be located at the: *Fire Evacuation Board*.

• Details of all persons who **normally** occupy the building and who may require assistance in the event of an evacuation must be entered on this form.

• Do not enter details of visitors to the building (e.g., visiting staff and students) unless specifically requested to do so.

• This Assistance Register shall be continuously updated, noting any changes to details of persons requiring assistance.

• In the event of an evacuation, nominated staff will assist any persons with a disability whose names are not on this Assistance Register.

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| --- | --- | --- | --- | --- | --- |
| Date  | Name of person requiring assistance | Reason for needing assistance | Person to provide assistance | Normal Location | Mobile Phone Number |
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|  |  |  |  |  |  |

Person responsible for managing this register ........................ (Building Warden).

Mobile Phone No……………………

Dated: *dd/mm/yy*