**Building Assistance Register for  
People with Disabilities**

**BUILDING NAME:**

**BUILDING ADDRESS:**

THE FOLLOWING LOCATIONS HAVE BEEN IDENTIFIED AS AREAS WHERE *REGULAR USERS*  
OF THE BUILDING WHO WOULD REQUIRE ASSISTANCE TO EVACUATE FROM THE BUILDING  
IN AN EMERGENCY WILL MOST LIKELY BE FOUND

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| --- | --- | --- | --- |
| **DATE** | **LIKELY LOCATIONS OF PERSONS REQUIRING ASSISTANCE** | **ASSISTANCE REQUIRED** | **PERSON ASSIGNED TO ASSIST** |
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THE FOLLOWING STAFF HAVE BEEN ASSIGNED TO ASSIST WITH THE EVACUATION OF  
ANY PERSON WITH A DISABILITY *VISITING* THIS BUILDING AT THE TIME OF AN  
EMERGENCY EVACUATION

|  |  |
| --- | --- |
| **DATE** | **APPOINTED PERSON ASSIGNED TO ASSIST** |
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|  | Warden(s) at the time of an alarm where necessary will appoint a suitable person to assist any person with disabilities who are in the building. |
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**THIS REGISTER SHALL BE CONTINUOUSLY UPDATED BY THE BUILDING WARDEN**