

Office of Policy and Management
Safety Program
Special Needs Form

This form should be completed by anyone who may require assistance to evacuate the building and/or reach the OPM rally point during an evacuation.

Name:

Supervisor:

Division:

Normal Work Location:

Nature of Disability:

Special Assistance Device:

The section below will be completed by the Human Resources Manager (for employees) or by the division representative (for non-employees). A copy will be provided for their records.

Floor Captain:

Alternate:

Area of Refuge:

Special Instructions:

This information will be kept on file by the Human Resources Manager or division representative. It will also be shared with the appropriate Floor Captain and Alternate, and Building Management for distribution to the Hartford Fire Department in case of an actual emergency.