



# Ewing Township Fire Services

## EMERGENCY EVACUATION PLAN

**DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE ASSISTANCE IN AN EMERGENCY OR EVACUATION? IF “YES”, PLEASE FILL OUT THE FORM BELOW.**

If you need assistance in case of a fire or emergency, including evacuation, please complete and return this Emergency Evacuation Plan Form. This form may only be shared with Ewing Township Fire Departments (Station 30, 31, 33) to provide assistance, if needed, in the event of an emergency or evacuation. Should your needs change, it is your responsibility to provide an updated form so information can be kept up-to-date. This form should include information regarding all necessary life support and/or impairments that would impede self-evacuation from your home. If multiple people in the home need assistance, please provide a form for each person.

**(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)**

***Please return completed forms to:***

Ewing Twp. Fire Dept.  
1666 Pennington Road  
Ewing, NJ 08638  
ewingfire@ewingnj.org

**FOR THIS FORM, PLEASE PRINT AND PLACE A “✓” ON THE LINES BELOW IF ANY APPLY TO YOU:**

**I am filling the following information out for:** \_\_\_ Myself \_\_\_ My Child \_\_\_ Other: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Apartment/Room Number:** \_\_\_\_\_ **Floor:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Height:** \_\_\_\_ ft. \_\_\_\_ in. **Weight:** \_\_\_\_ lbs.

**Medical History:**  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**  
\_\_\_\_\_

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**Allergies:**

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**Category of Disability:**

**\_\_\_ Mobility Impairment**

- \_\_\_ Elderly - Unable to escape on own in two minutes or less**
- \_\_\_ Respiratory Impairment: Requires rest/breaks while evacuating**
- \_\_\_ Uses Cane**
- \_\_\_ Uses Crutches**
- \_\_\_ Uses Walker**
- \_\_\_ Uses Scooter - Power or Manual**
- \_\_\_ Wheelchair - Semi-Permanent: Can transfer to car**
- \_\_\_ Wheelchair - Permanent: Wheelchair accessible ride**
- \_\_\_ Ambulatory - Braces, Artificial Limbs, Orthopedic Shoes**
- \_\_\_ Confined to Bed - Transfer to wheelchair w/ assistance**
- \_\_\_ Confined to Bed - On life support**
- \_\_\_ Other Mobility Impairment: \_\_\_\_\_**

**\_\_\_ Blind/Low Vision Impairment**

- \_\_\_ Partial Vision Loss**
- \_\_\_ Total Vision Loss**
- \_\_\_ Wite Cane**
- \_\_\_ Other Vision Impairment: \_\_\_\_\_**

**\_\_\_ Deaf/Hard of Hearing Impairment**

- \_\_\_ Needs special attention to receive an alert**
- \_\_\_ Uses TTY/TDD**
- \_\_\_ Uses Hearing-Aids**
- \_\_\_ Uses Lip Reading**
- \_\_\_ Uses Sign Language**
- \_\_\_ Explain: \_\_\_\_\_**

**\_\_\_ Speech Impairment**

- Explain: \_\_\_\_\_**
- \_\_\_ Unable to speak**
- \_\_\_ Unable to verbally communicate clearly**

**\_\_\_ Cognitive Impairment**

- Explain: \_\_\_\_\_**
- \_\_\_ Unable to process**
- \_\_\_ Unable to understand**

**\_\_\_ Other disability or reason assistance would be needed**

Explain: \_\_\_\_\_

**Evacuation Assistance:**

I can evacuate myself with or without a device?  Yes  No

I can evacuate in 2 minutes or less?  Yes  No

I need assistance to evacuate?  Yes  No

How many "assistants" do you need to help evacuate you? \_\_\_\_\_

Explain in detail the extent of evacuation assistance you need in case of an emergency:

\_\_\_\_\_

I am on oxygen:  Yes  No

If I lost power, I own a back-up generator which lasts \_\_\_\_\_ hours.

If I lost power, I do not own a back-up generator.

Other Option: \_\_\_\_\_

I live alone?  Yes  No

If no, names and ages of other occupants living with you:

\_\_\_\_\_

\_\_\_\_\_

**Home Safety:**

Is there a method or device for notification in the event of an emergency:  Yes  No

Smoke Alarms

Battery Alarms  Hard-Wired Alarms

Interconnected Alarms

Bed Shaker

Strobes

Carbon Monoxide Alarms

Telephone

Pull Station

Other Method/Device: \_\_\_\_\_

Do you know the location of the emergency notification devices and understand its meaning/function?  Yes  No

Do you know how to sound an alert for an emergency?  Yes  No

If using a phone to report emergencies, are telephone numbers posted nearby?  Yes  No

Do you have a Home Fire Escape Plan:  Yes  No

Where is your established Outside Meeting Place or Area of Refuge: \_\_\_\_\_

Are exit pathways/doors free of obstructions:  Yes  No

Is the usable path marked to show the route to leave the building:  Yes  No

Do doors have proper maneuvering clearances (32 inches wide):  Yes  No

Is each exit marked with an "EXIT" sign:  Yes  No

Is every doorway that may be mistaken for an exit marked "NOT AN EXIT":  Yes  No

Are all interior doors readily open from the inside without keys, tools, special knowledge, and require less than 5 lbs of force to unlatch them? \_\_\_ Yes \_\_\_ No

If not, which doors require more? \_\_\_\_\_

Does your home have:

Stairs: \_\_\_ Yes \_\_\_ No

Elevator: \_\_\_ Yes \_\_\_ No

Ramp: \_\_\_ Yes \_\_\_ No

Lift: \_\_\_ Yes \_\_\_ No

Do you have a difficulty communicating: \_\_\_ Yes \_\_\_ No

Do you communicate another way (PEC board, etc.): \_\_\_ Yes \_\_\_ No

If Yes, What is the device called? \_\_\_\_\_

If Yes, Where is this device usually kept? \_\_\_\_\_

Do lights and sirens bother you? \_\_\_ Yes \_\_\_ No

Do you hide? \_\_\_ Yes \_\_\_ No

What are your favorite hiding places? \_\_\_\_\_

Other: \_\_\_\_\_

**Pets:**

\_\_\_ Number of dogs

\_\_\_ Number of cats

\_\_\_ Other/describe: \_\_\_\_\_

Animal(s) friendly? \_\_\_ Yes \_\_\_ No

Best way to assist if the animal becomes disorientated? \_\_\_\_\_

Extra food/supplies kept? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Phone Number: \_\_\_\_\_

Do you have a service animal: \_\_\_ Yes \_\_\_ No

Does the fire dept. have detailed information on this animal? \_\_\_ Yes \_\_\_ No

**Relative or other person we can notify to help you in the event of an emergency or evacuation.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relation to you: \_\_\_\_\_

\*Please use the bottom of this page to indicate any other information that wasn't stated above that you feel is vital that the fire department should know, in case of an emergency at your home.\*