



Employee Safety, Emergency & Evacuation Contact Form

Name: _____ Company: _____ Date completed: _____

Complete this form *before* an evacuation (hurricane, flood, fire, or other emergency) and return it to HR / your supervisor. Please update it any time your information changes. Your answers are used only to confirm your safety and reach you during an emergency.

1. Emergency Contacts

	Contact 1	Contact 2
Name		
Relationship		
Home phone		
Cell phone		
Email		
Address		

Out-of-area contact (someone outside your region who can relay messages if local networks are down):

Name	Relationship	Phone	Email

2. Home Address & Evacuation Plan

Field	Your Answer
Home address	

Field	Your Answer
Do you live in an evacuation zone? (Yes / No / Unsure)	
Evacuation zone / level (if known)	
Where you plan to go (city / state)	
Address of evacuation location	
Phone number at evacuation location	
Expected departure date	
Mode of travel (own vehicle / ride / other)	
Do you need transportation assistance? (Yes / No)	

3. Employee Information

Field	Your Answer
Full name	
Department / Supervisor	
Job position	
Physical work location	
Cell phone	
Alternate phone	
Personal email	
Preferred contact method (call / text / email)	

4. Household Members & Dependents

Name	Relationship	Age	Evacuating with you? (Y/N)

Name	Relationship	Age	Evacuating with you? (Y/N)

Pets: Number and type: _____ Evacuating with you? Yes / No

5. Special Needs (Optional and Confidential)

Share only what you are comfortable sharing. This helps us connect you with resources.

- ☐ Mobility assistance needed
- ☐ Medical equipment or refrigerated medication needed
- ☐ Require electricity for medical (oxygen, etc.)
- ☐ Need help with a dependent or elder-care situation
- ☐ Need lodging assistance
- ☐ Other: _____

Allergies or medical conditions emergency responders should know about (optional):

6. Check-In Plan (Company to complete)

After you evacuate, please contact the company within **24 hours** of arriving at your destination, or as soon as communications allow.

Check-in method	Details
Company emergency hotline	_____
Company emergency email	_____
Employee check-in portal / text keyword	_____
Your supervisor's cell phone	_____

If you cannot reach the company, your supervisor may contact your emergency contacts to confirm you are safe.

7. Acknowledgment

I confirm the information above is accurate. I authorize the company to contact the people listed to confirm my safety and well-being during an emergency.

Employee signature: _____ **Date:** _____

For HR / Supervisor Use Only

Field	Entry
Form received by	
Date received	
Entered into emergency roster (Y/N)	
Check-in confirmed (date / time)	
Follow-up needed	
Notes	