

Safety Tool Assessment

Individual's Name:

Date:

Assessment Author, Title, Agency

- 1. Can this person safely evacuate their home or work place with or without assistance in two and a half minutes during an emergency?**

- 2. What are the individual's capabilities and limitations?**

- 3. What are the individual's decision-making abilities in the event of an emergency (e.g. blocked fire exit, a closed door, etc.)?**

- 4. What risk does the individual face in an emergency and the potential consequences?**

- 5. What skills does the individual need to minimize risks and to maintain independence and safety?**

- 6. Does the individual need or use special adaptations for mobility, hearing, and vision?**

- 7. Are there any necessary environmental modifications needed by this individual?**

- 8. What supports does the individual need to leave the building in two and a half minutes?**