

CONFIDENTIAL (1700)
EMERGENCY PREPAREDNESS SPECIAL NEEDS SURVEY
(No. 30 October 2000)



Name: _____
Address/Room: _____
Telephone: _____
Supervisor: _____
Date: _____

1. Do you need assistance during an emergency situation or evacuation drill?

_____ Yes _____ No

2. Exactly what assistance would you need, and what would be the best method of providing it? (What equipment? How many persons needed? What training or understanding would be needed?)

Equipment: _____

Person (s) to assist: _____

Special training or understanding: _____

3. Do you need assistance in understanding what is happening during an emergency?

_____ Yes _____ No

If yes, what assistance would be most appropriate? _____

4. Do you have access to information on emergency procedures?

_____ Yes _____ No

If not, what is the best way for you to receive this information? _____

Please return completed survey form to: Departmental Safety Officer, CAL FIRE,
PO Box 944246, Sacramento, CA, 94244-2460.

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