

EMERGENCY INFORMATION EMPLOYEE MEMO.

Subject: Employee safety during emergencies

At universal Event Space, we take employee safety seriously.

If you have a disability, whether permanent or temporary, and may need help during an emergency, please let me know. I will ask you to complete a self-assessment form, then work with you to develop individualized emergency response information that will meet your needs in an emergency situation.

Please note that I do not need to know the details of your medical condition or disability, only the kind of help you may need. The information you provide will be kept confidential and only shared with your consent.

If you have questions or you already have emergency response information and need to adjust it, please let me know.

Thank you.

Managers Name

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EMPLOYEE EMERGENCY INFORMATION WORKSHEET.

Please complete this worksheet to help us identify barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability, only the type of help you may need in an emergency.

Date:

Employee Information

Name:

Department:

Telephone:

Email:

Mobile Phone:

Emergency Contact Information

Name:

Telephone:

Email:

Mobile Phone:

Relationship:

Work Location

Where do you work?

Address:

Floor:

Room Name/Number:

Do you work in different places on a regular basis?

Yes No

List the addresses, floors and room locations.

Potential Emergency Response Barriers

Can you see or hear the fire/security alarm signal?

Yes No Don't Know

If No, what would help you know the alarm was flashing/ringing?

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Can you activate the fire/security alarm system?

Yes No Don't Know

If no, what would help you sound the alarm?

Can you talk to emergency staff?

Yes No

If no, what would help you to communicate with them?

Can you use the emergency exits?

Yes No Don't Know

If no, what would help you to exit the building?

Does your mobility device fit in the emergency waiting area?

Yes No Don't Know

If no, what would help it fit, or is there a better location?

Could you find the exit if it was smoky or dark?

Yes No

If no, what would help you find the exit?

Can you exit the building by yourself?

Yes No

If no, what would help you to get out?

Can you get into an emergency evacuation chair by yourself?

Yes No Don't Know

If no, what help do you need?

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Would you be able to evacuate during a stressful and crowded situation?

Yes No

If no, what would help you evacuate?

Can you read/access our emergency information?

Yes No

If no, what would make this information available to you?

If you need help to evacuate, what instructions do people need to help you?

Instructions:

If you need other accommodations in an emergency, please list them here.

Accommodations:

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EXAMPLE SELF-ASSESSMENT FORM

Instructions

Please complete this form to help us identify barriers that can arise for you in an emergency.

Also, provide suggestions on the type of help you may need in an emergency.

The information you provide is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability.

Date (yyyy/mm/dd):

Employee Information:

Name:

Department:

Telephone Number:

ext.

Mobile Phone Number:

Email Address:

Emergency Contact Information:

Name:

Relationship:

Telephone Number:

ext.

Mobile Phone Number:

Email Address:

Work Location

1. Where do you work?

Address:

Floor:

Room Name/Number

2. Do you work in different places on a regular basis?

Yes No

If yes, list the addresses, floors and room locations.

Address

Floor

Room Name/Number

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Potential Emergency Response Barriers

3. Can you see or hear the fire/security alarm signal?

Yes No Don't Know

If no, what would help you know the alarm was flashing/ringing?

Type your response in the line below.

4. Can you activate the fire/security alarm system?

Yes No Don't Know

If No, what would help you sound the alarm?

Type your response in the line below.

5. Can you talk to emergency staff?

Yes No Don't Know

If No, what would help you to communicate with them?

Type your response in the line below.

6. Can you use the emergency exits?

Yes No Don't Know

If No, what would help you to exit the building?

Type your response in the line below.

7. Does your mobility device fit in the emergency waiting area?

Yes No Don't Know

If No, what would help it fit, or is there a better location?

Type your response in the line below.

8. Could you find the exit if it was smoky or dark?

Yes No Don't Know

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If No, what would help you find the exit?
Type your response in the line below.

9. Can you exit the building by yourself?

Yes No

If No, what would help you to get out?
Type your response in the line below.

10. Can you get into an emergency evacuation chair by yourself?

Yes No Don't Know

If No, what help do you need?
Type your response in the line below.

11. Would you be able to evacuate during a stressful and crowded situation?

Yes No

If No, what would help you evacuate?
Type your response in the line below.

12. Can you read/access our emergency information?

Yes No

If No, what would make this information available to you?
Type your response in the line below.

13. If you need help to evacuate, what instructions do people need to help you? .
Instructions.

Type your response in the line below.

14. If you need other accommodations in an emergency, please list them here.

Accommodations.

Type your response in the line below.

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UNIVERSAL EVENT SPACE SAMPLE EMAIL MEMO

To: All Staff

Subject: Employee safety during emergencies

At Universal Event Space, we take employee safety seriously. If you have a disability, whether permanent or temporary, and may need help during an emergency, please let me know.

I will ask you to complete a self-assessment form, then work with you to develop individualized emergency response information that will meet your needs in an emergency.

Please note that I do not need to know the details of your medical condition or disability, only the kind of help you may need. The information you provide will be kept confidential and only shared with your consent.

If you have questions or you already have emergency response information and need to adjust it, please let me know.

Thank you.

[Manager's Name]

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CONSENT TO SHARE INDIVIDUALIZED EMERGENCY RESPONSE FORM

Name of Employee

Name of Organization

I consent to sharing this individualized emergency response information with the individuals listed below, who have been designated to help me in an emergency.

Emergency Support Staff

The following people have been designated to help in an emergency.

Name

Location

Contact Information

Type of Assistance

Name

Location

Contact Information

Type of Assistance

Name

Location

Contact Information

Type of Assistance

Name

Location

Contact Information

Type of Assistance

Employee's Signature

Date (yyyy/mm/dd)

Manager's Name

Manager's Signature

Date of Next Review (yyyy/mm/dd)

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UNIVERSAL EVENT SPACE EMPLOYEE EMERGENCY RESPONSE INFORMATION

Instructions

Important: All information in this document is confidential and can only be shared with the employee's consent

(Please see: Consent to Share Individualized Emergency Response Form).

Individualized Workplace Emergency Response Information For:

Name

Department

Telephone Number

ext.

Mobile Phone Number

Email Address

Emergency Contact Information

Name

Telephone Number

ext.

Mobile Phone

Number Email Address

Work Location

Where do you work?

Address

Floor

Room Name/Number

Do you work in different places on a regular basis?

Yes No

If yes, list the addresses, floors and room locations below.

Name

Location

Floor

Room Name and Number

Name

Location

Floor

Room Name and Number

Name

Location

Floor

Room Name and Number

Name

Location

Floor

Room Name and Number

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EMERGENCY ASSISTANCE REQUIREMENTS

1. Can you read and/or access the emergency information?

Yes No Don't Know

If No, tell us what can be done to make this information accessible to you.

Type your response in the line below

2. Can you see the fire alarm signal?

Yes No Don't Know

If No, tell us how we can let you know the fire alarm is flashing

Type your response in the line below

3. Can you hear the fire alarm?

Yes No Don't Know

If No, tell us how we can let you know the fire alarm is ringing

Type your response in the line below

4. Can you use the emergency exits?

Yes No Don't Know

If No, tell us what help you need to safely exit the building

Type your response in the line below

5. Can you get to the emergency waiting area by yourself?

Yes No Don't Know

If No, tell us what help you need to get to the emergency waiting area

Type your response in the line below

6. Do you need additional accommodations in an emergency?

Yes No Don't Know

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If Yes, tell us what help you need in an emergency
Type your response in the line below

Emergency Alerts

Name of employee will be informed of an emergency by (select all that apply):

Existing alarm system

Pager device

Visual alarm system

Co-worker

Other

List by typing your response in the line below

Assistance Methods

List types of assistance (e.g., staff assistance, transfer instructions, etc.).

Equipment Provided

List any devices, where they are stored, and how to use them

Evacuation Route and/or Procedures

Provide a step-by-step description, beginning from the first sign of an emergency

Alternate Evacuation Route

Describe

Emergency Support Staff

(Please see: Consent to Share Individualized Emergency Response Form)

Name	Location
Contact Information	Type of Assistance

Name	Location
Contact Information	Type of Assistance

Name	Location
Contact Information	Type of Assistance

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Name
Contact Information

Location
Type of Assistance

Manager's Name

Employee's Signature Date (yyyy/mm/dd)

Manager's Signature

Date of Next Review

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PROCESS FOR ACCOMMODATION PLANS

Universal Event Space is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

1. Recognize the need for accommodation. Accommodation can be:

- a) Requested by the employee
- b) Identified by the employee's manager or hiring manager

2. Gather relevant information and assess individual needs.

The employee is an active participant in this step

- a) Information will be collected on the employee's functional abilities, not the nature of the employee's disability
- b) The employee's personal information, including medical information, is kept secure and deal with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process.
- c) The employee and his / her manager will work together to find the most appropriate accommodation
- d) A medical or other expert may be engaged (at the company's expense) to help determine if / how the employee's needs can be accommodated.
- e) The employee may ask a bargaining agent or other workplace representative to participate in the process.

3. Individual accommodation plan:

after identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- a) What accommodations will be provided
- b) How to make the information accessible to the employee. Including accessible formats and communication supports.
- c) Employee emergency information and /or emergency response plan (if applicable)
- d) When the plan will be reviewed and updated.

The manager will give the employee in an accessible format (if required) a copy of the individual accommodation plan, or written reasons for denying accommodation.

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4. Implement, monitor and update the plan:

After implementing the accommodation plan, the employee and his/her manager will monitor and review the plan to ensure that is effective. Formal reviews and updates will take place on the mutually agreed upon. Predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, the employee and the manager will reassess the situation (step 2) and update the plan.

5. The accommodation plan will also be reviewed and updated if

- a) The employee work location or position changes
- b) The nature of the employee's disability changes

INDIVIDUAL ACCOMMODATION PLAN

Confidential when completed

Name: _____ Title: _____
Department: _____

Manager Information.

Name: _____ Title: _____
Department: _____

Accommodation's:

Start Date: _____ End Date: _____

Next Plan review: _____ Or Frequency: _____

Limitations.

List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each task is essential of the role.

1. Limitation: _____

2. Tasks / activities affected: _____

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3. Essential job requirement? Yes No

Accommodations.

Using the list of tasks from the limitations section above. Identify what types of accommodations or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation.

1. Task: _____
2. What must the accommodation achieve? _____
3. Accommodation strategy: _____

Implementation:

List the actions required to achieve the accommodation(s) identified in the prior section.

1. Action: _____
2. Assigned to: _____
3. Due date: (yyyy/mm/dd): _____
4. Date Completed: (yyyy/mm/dd): _____

Information Sources:

Identify and include the contact information for any experts consulted when building the plan (e.g. Human resources, family doctor, specialist)

Name: _____
Title / Role: _____
Email: _____
Phone #: _____ ext. _____

Related documents:

Attach any additional documents required to support the employee.

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- Employee emergency plan (if applicable)
- Accessibility format on the individual accommodation plan (if needed)
- What type(s) of accessibility formats and / or communications support the employee needs (if requested)
- Return to work plan (if applicable)
- Other (specified)

Comments / Notes:

Employee Name: _____

Employee Signature: _____

Managers Name: _____

Manager's Signature: _____

RETURN TO WORK PROCESS

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Universal Event Space is committed to supporting employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work. *

Step 1. Initiate the leave and stay in contact with the employee

If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

Step 2. Gather relevant information and assess individual needs

The employee and manager will work together to share information and find the most appropriate accommodation, for example:

Manager

- Provides the employee with return-to-work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task

Employee

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the return-to-work information

Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

Step 3. Develop a return-to-work plan

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After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The return-to-work plan should be attached to the employee's individual accommodation plan.

Step 4. Implement, monitor and update the plan

After implementing the return-to-work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

* This return-to-work process does not replace or override any other return to work process created by or under any other statute.

RETURN TO WORK PLAN

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Employee Information

Last Name

First Name

Title

Department

Manager Information

Last Name

First Name

Title

Department

Return to work plan start date (yyyy/mm/dd):

Return to work plan end date (yyyy/mm/dd):

Goal:

At the end of the return-to-work process, the employee will return to his/her

Original job:

Original job with modifications:

Alternate job (include job description):

Accommodations and transitional measures:

List any limitations the employee experiences as a result of his/her disability, how it affects different aspects of his/her job and any

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accommodations or safety measures required to help the employee return to work.

Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

Limitation

Tasks/activities affected: _____

Accommodation: _____

Safety considerations: _____

Start Date (yyyy/mm/dd): _____

End Date (yyyy/mm/dd): _____

Assignment to alternate position

Complete this section if the employee will not be returning to his/her original job. The assignment to an alternate position may be temporary or permanent.

Job title: _____ Length of assignment: _____

Describe the new position: _____

List any training requirements and safety precautions:

Comments / Notes

Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.):

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SignatureS:

Employee's Name: _____

Employee's Signature Date (yyyy/mm/dd): _____

Manager's Name: _____

Manager's Signature Date (yyyy/mm/dd): _____

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