TEMPLATE E

Fire Escape Plan

Item	Entry
Bedroom exit 1	
Bedroom exit 2 (window or second door; opens easily?)	
Outside meeting spot	
Who helps your parent get out	
Backup helper (neighbor)	
Where the walker or wheelchair is kept at night	
Phone, glasses, hearing aids, flashlight by the bed?	
What to do if trapped (from the fire department)	
Fire department told about mobility, hearing, or oxygen? (date)	
Made with the fire department on (date)	

Sketch the floor plan on the back and bring it to the fire department visit (Section 9.6).