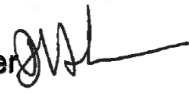




STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES  
P.O. BOX 119, HONOLULU, HAWAII 96810-0119

To: New DAGS Employee

From: Dean H. Seki, Acting State Comptroller 

Subject: **EMERGENCY EVACUATION ASSISTANCE**

The State is committed to the safety of all persons in State facilities. In an emergency, the path of travel for many facilities may not be accessible because elevators are shut down and debris may block hallways. Other problems may exist, including the loss of primary lighting, water damage, and communication disruption. These problems may pose specific difficulties for persons with either temporary or permanent mobility or communication limitations.

If you believe that because of your condition, you may need evacuation assistance from your primary work location in an emergency, please complete the enclosed Voluntary Request for Emergency Evacuation Assistance form and forward it to our Personnel Office through inter-office mail marked "confidential" or deliver it to 1151 Punchbowl St., #420, **no later than two weeks from the date of this memo.** Our Personnel Office will contact you to confirm receipt and follow-up with further questions, as necessary. The purpose of the form is to inform programs and emergency evacuation personnel of persons with special needs. Meeting those needs will be determined on a case-by-case basis after discussions with you, our Personnel Office, your supervisor, and your building's senior occupant for emergency evacuation. All information submitted will remain confidential and used only for emergency evacuation purposes.

Even though you may not presently have a need for emergency evacuation assistance, please feel free to request such assistance if your circumstances change. Please remember that you are responsible for providing our Personnel Office with any updated information. For more information, call the Personnel Office at 586-0369.

Enclosure

**STATE OF HAWAII**  
**VOLUNTARY REQUEST FOR EMERGENCY EVACUATION**  
**ASSISTANCE**

If you have a condition that requires assistance during a building evacuation, please use this form and return it to your Departmental Personnel Office. You are responsible for submitting all updated information.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

I have the following impairment which currently limits my ability to independently evacuate from my primary work location (check all that apply):

- Visual Impairment       Mobility Impairment, Able to Walk or Use Stairs
- Hearing Impairment     Mobility Impairment, Not Able to Walk or Use Stairs
- Other, Please Specify

Please describe your evacuation limitations. Please describe whether you have an emergency evacuation plan already in place (Please be as specific as possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please identify your personal medical equipment, mobility device, or medicine that must accompany you in an evacuation or which you need for a safe evacuation. Please be as specific as possible and state whether that equipment, device, or medicine is currently in your workplace on a daily basis: \_\_\_\_\_

\_\_\_\_\_

My Program/Job Title:

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone or Pager: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room No.: \_\_\_\_\_

My Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby give permission to the Department of \_\_\_\_\_ to release the information provided above to individuals and agencies that are involved in evacuation planning and execution activities. I further understand that such information will be kept confidential and used only for emergency evacuation purposes.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
Date