

NIST-586 B  
(REV. 09-2020)  
NIST O 2201.00

## EVACUATION ASSISTANCE NOTIFICATION FORM

The Boulder Fire Department has the capability to provide emergency evacuation assistance for our Boulder campus occupants who request it. If you require assistance during an evacuation, please inform your supervisor and complete and submit this form to the NIST Boulder campus Emergency Manager, who will make sure that responders have this information in case of an emergency.

The Boulder campus Emergency Manager maintains a listing of Boulder campus occupants who need evacuation assistance during an emergency. This form will provide responding Boulder firefighters with location information for those that require evacuation assistance. This pre-planned identification of those who require evacuation assistance will enable responding firefighters the ability to;

- Expediently locate and remove the occupant from danger,
- Ensure accountability for those occupants who need assistance, and
- Ensure the appropriate assistance is rendered based on need.

Completing and submitting this form is strictly voluntary. While this form can be submitted for permanent conditions that necessitate evacuation assistance, it can also be used for those with temporary conditions such as a broken leg, pregnancy, etc., etc.

All fields, except for the additional information field, are required. The additional information field can be utilized to provide the type of assistance required. **For privacy reasons, please do not provide any medical related information in this field.** The Boulder campus Emergency Manager thanks you for participating in this program.

First & Last Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Building / Room#: \_\_\_\_\_

Division: \_\_\_\_\_

Additional Information: **(please do not provide any medical-related information in this field)**

Please complete this form and email it to: [emergencymanagement@nist.gov](mailto:emergencymanagement@nist.gov).