

PHYSICALLY IMPAIRED EMPLOYEE LIST

List each physically impaired individual. Make sure the information is current and that the Office Manager and Fire Warden have an up-to-date list at all times.

NAME	TELEPHONE	SPECIFIC OFFICE LOCATION	TYPE OF IMPAIRMENT	EQUIPMENT NEEDED	BUDDIES ASSIGNED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____