

PNAP Evacuation Programs

Form- (PNAP) Person requiring special assistance in case of evacuation

The Régie incendie Memphrémagog Est, has set up a new program for people who need special assistance to evacuate in case of a fire. This program is intended for people with a particular disability (intellectual, hearing impaired, blind, handicapped and elderly people with motor or other problems) who reside in the municipalities served by the Régie incendie Memphrémagog Est, i.e. : Sainte-Catherine-de-Hatley, Ayer's Cliff, Stanstead, the Township of Hatley, the Township of Stanstead, Ogden, Hatley, West Barnston, East Stanstead and North Hatley.

These persons are invited to fill out a form, on a voluntary basis, to inform the Fire Department of their situation. In the event of a call for a fire, the dispatcher will inform the firefighters of the presence of a person requiring special assistance and his probable location in the house; the goal being to optimize the interventions and to evacuate these persons quickly.

This free service is mainly intended for handicapped persons or persons with a permanent disability whose abilities are sufficiently reduced to limit their ability to react in an emergency situation. The information contained in the registry is strictly confidential. It may not be used for any purpose other than to ensure the safety of persons in the event of a disaster. To register, simply fill out the form provided for this purpose and return it by mail or e-mail to :

Régie Incendie Memphrémagog Est
Division prévention
2100 rte 143, Hatley, Québec J0B-4B0
prevention@regieincendieest.com
819-838-5877



Régie incendie Memphrémagog Est
2100 rte 141, Hatley, Québec J0B-4B0
Téléphone : 819 838--5877
Courriel : prevention@regieincendieest.com



PNAP Programs

PERSON REQUIRING SPECIAL ASSISTANCE IN CASE OF EVACUATION

Identification

Name : _____ First name : _____
Address : _____ App. : _____
Town : _____ Phone : _____

Disabilities

	notes
➤ Intellectual	<input type="checkbox"/> _____
➤ Hearing impaired	<input type="checkbox"/> _____
➤ Blind	<input type="checkbox"/> _____
➤ Disabled person	<input type="checkbox"/> _____
➤ Autre	<input type="checkbox"/> _____

Location of the bedroom of the person who need assistance :

Details :

➤ Basement	<input type="checkbox"/>	_____
➤ 1st floor	<input type="checkbox"/>	_____
➤ 2 nd floor	<input type="checkbox"/>	_____
➤ 3 rd floor	<input type="checkbox"/>	_____

Autorization

I authorize the Régie incendie Memphrémagog Est to exchange the information contained in this form with the 9-1-1 emergency call centre and I release the Régie incendie Memphrémagog Est from all responsibility in connection with this program.

Signature

Date

PLEASE RETURN THIS FORM BY EMAIL OR MAIL AS INDICATED BELOW.

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