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**The Pennsylvania State University**

**Handicapped Identification Decal Program**

**Objective:**

This program prescribes the procedures to be used to identify those individuals that may need assistance during emergency evacuation of buildings occupied by employees and/or students at all locations of the Pennsylvania State University.

**Definition:**

The term "individuals that may need assistance" generally refers to those persons handicapped by sight, hearing or loss of use of limb(s); however, it is not restricted only to those cases. Participation shall be on a voluntary basis.

**Purpose:**

The handicapped identification decals are provided for the use of all handicapped individuals housed or working in buildings of the Pennsylvania State University. Decals will enable firemen or other rescue service personnel to immediately locate rooms where handicapped individuals are working or living, in the event that they must be evacuated.

**Procedures:**

All faculty, staff and students are included in this program.

A “[Request for Handicapped Identification Decal](http://guru.psu.edu/forms/8-15RequestForHandicappedIdentificationDecalFRM3.pdf)” form (Appendix A) must be completed in duplicate when an individual requests the use of the decals.

**Description, Identification and Placement of Decals:**

The pressure sensitive decals are of two (2) sizes.

The small decal is a circle, 2-3/4 inches in diameter with a fluorescent orange and black pinwheel design. This decal will be placed on the individual's room door, approximately 33 inches from the floor, directly beneath the door handle.

The larger decal is also a circle, 4-1/2 inches in diameter with a fluorescent orange and black pinwheel design. This decal will be placed at the top right-hand corner of the exterior window (as viewed from outside) so that it can be readily seen from the outside of the building.

**Responsibility:**

The individual desiring to participate in this program shall be responsible for initiating the request for decal through his or her respective budget executive, budget administrator, Student Affairs coordinator, or safety officer.

When an individual leaves the University or changes his or her work or living area, he/she must request Environmental Health and Safety Personnel (865-6391) (or the Director of Business Services) to remove the decals, or to place new decals at the new work or living area.

**Further Information:**

For questions or additional details about this program, please contact the Environmental Health and Safety Office at 814-865-6391.

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| Appendix A |

REQUEST FOR HANDICAPPED IDENTIFICATION DECAL

Purpose: To document the authorization of a handicapped identification decal, providing a means of identification in the event of emergency evacuation.

Instructions: Complete the information requested below, get the proper approvals, and forward to the appropriate office (see “Distribution”).

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

AGE: \_\_\_\_ PSU-ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: ( ) Student ( ) Staff ( ) Faculty

JOB TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DISABILITY OR CONDITION FOR WHICH YOU MAY NEED ASSISTANCE (e.g. VISUAL, HEARING, MOBILITY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE FORM COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE(S) FORM REVIEWED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Individual Requesting Decal)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Dean, Dept. Head or Coordinator)

DATE DECAL AFFIXED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISTRIBUTION

Original: Environmental Health and Safety (at University Park), or Director of Business Services (at Campuses).

Photocopy: Dean, Department Head or Coordinator.