

GLOBEX
EVACUATION SOLUTIONS

RAISING AWARENESS - IMPROVING STANDARDS

**PERSONAL EMERGENCY
EVACUATION PLAN
TEMPLATE**

1 – EVACUATION ASSESSMENT

1.1 Name: _____

1.2 Telephone number: _____

1.3 Fax number: _____

1.4 Email address: _____

1.5 Work / residential location: _____

1.6 Assessment carried out by: _____

1.7 Date: _____

1.8 Any other relevant information

2 – HEARING IMPAIRMENT

2.1 Can you hear the fire alarm in normal circumstances ? Yes No

2.2 If you have difficulty in hearing the fire alarm, would a visual indicator assist ? N/A Yes No

2.3 To your knowledge is there any special or purposely designed hearing system or device available which might assist in you hearing the fire alarm more clearly ? N/A Yes No

Details:

2.4 Would your response to the fire alarm being activated be helped by an assistant(s) who could provide support in the fire evacuation procedure ? Yes No

2.5 Is there another measure that would assist ? Yes No

Details:

3 – VISUAL IMPAIRMENT

3.1 Do you have a visual impairment, which would have an impact on your leaving the building unassisted ? Yes No

Details:

3.2 Do you require an aid to help you move around the building for example: a cane, guide dog or other equipment ? Yes No

Details:

3.3 How long does it take you to leave the building in normal circumstances from your place of work, unaided ?

Time in minutes: _____

3.4 Do you think that the speed at which you are able to leave the building, may have the potential to hold-up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass you more quickly ? Yes No

3.5 Would tactile signage or floor surface assistance to you ? Yes No

Details:

3.6 Are there any other problems you would wish to highlight or solutions / measures that might assist? Yes No

Details:

4 – MOBILITY IMPAIRMENT

4.1 Can you leave the building unassisted ? Yes No

4.2 If not – do you require help from an assistant to leave the building ? Yes No

Details:

4.3 Do you need or use a wheelchair ? Yes No

4.4 Is the wheelchair required for all circumstances ? Yes No

4.5 Can it be dispensed with for short periods ? Yes No

4.6 Is the wheelchair electrically powered ? Yes No

4.7 Is the wheelchair a standard size or wider dimensions ? Yes No

Width_____

4.8 Can you use an evacuation chair if required and would it help ? Yes No

4.9 Can you self transfer ? Yes No

4.10 Has a member of staff and a deputy been assigned to assist you ? Yes No

Name(s) Details:

4.11 Any other problems / observations / or solutions ? Yes No

Details:

5 – GENERAL INFORMATION

- 5.1 Would you find it acceptable to use a refuge point , if required ? Yes No
- 5.2 Might the measures needed for you to escape from the building in an emergency adversely affect the safe escape of other occupants ? Yes No
- If yes, why / how?
- 5.3 Do you think that any special staff training is required to give you the assistance that you would need in an emergency ? Yes No
- 5.4 Are you aware of the emergency egress procedures the operate in the building(s) in which you frequent ? Yes No
- 5.5 Do you require written emergency egress procedures ? Yes No
- 5.6 Are the signs which mark the emergency exits and the routes to the exits clear enough ? Yes No
- 5.7 Could you raise the alarm if you discovered a fire ? Yes No

NOTES

PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Name: _____

Department: _____

Location/s: _____

AWARENESS OF PROCEDURE

I am alerted of the need to evacuate the building by:

- existing alarm system
- pager device
- visual alarm system
- Other (please specify)

DESIGNATED ASSISTANCE

The following people have been designated to give me assistance to get out of the building in an emergency

Name	Contact details
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EGRESS PROCEDURE

(A step by step account beginning from the first alarm).

METHODS OF ASSISTANCE

(eg: Transfer procedures, methods of guidance, etc.)

EQUIPMENT PROVIDED

(Evacuation-chairs, hand held portable radios etc)

SAFE ROUTE (S)

(Attach plan if appropriate)