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| **Personal Emergency Evacuation Plan (PEEP)** | | | | |
| **Part 1: PERSONAL DETAILS** | | | | |
| NAME: |  | | DATE PLAN CREATED: |  |
| WORK  LOCATION: |  | | PLAN CREATED BY: |  |
| ALTERNATIVE WORKING POSITIONS (IF APPROPRIATE): YES/NO  *(Indicate whether there are separate plans provided for other locations or situations)* | | | | |
| Building: Floor: Room No: | | | | |
| **Part 2: AWARENESS OF PROCEDURE** | | | | |
| The evacuation procedure was given to me in the following format:*(tick appropriate) Manager needs to ensure that this is provided in an accessible format pertinent to the individual receiving the PEEP*   * It has been explained in BSL * In large print * The escape routes have been shown or explained to me * Individual authorised plan | | | | |
| The method of alert in an emergency is by: *(tick appropriate)*   * The existing fire alarm system * Vibrating pager device * Visual alarm system * Members of my work team *(each person will require a copy of this sheet)* * Nominated workplace helper/buddy   Names: | | | | |
| **Part 3: GETTING OUT (Manager to discuss with Employee preferred options and include any hidden disabilities)** | | | | |
| I require  person/people to assist me. *(each of these people will require a copy of this sheet)*    Names:  Back-up: | | | | |
| The following is a description of my escape plan. It is important that every effort is made to maintain the dignity of a person with a disability. | | | | |
| Specialist equipment required to assist in my escape plan: | | | | |
| Practices should be every  months dates should be put into diaries. | | | | |
| **Part 4: Ability to assist others in the event of an Evacuation (Employee to raise any barriers to assisting others).** | | | | |
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| **Part 5: Any other influencing factors** | | | | |
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| PEEP recipient’s  signature: | | Manager’s  signature: | | |