

Personal Emergency Evacuation Plan (PEEP)

PEEP Questionnaire for Disabled Persons

This questionnaire is intended to be completed by disabled persons to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as you can to enable us to develop a suitable plan.

Once developed, the PEEP will be used to assist escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact a Health & Safety Representative for assistance in finding solutions.

1. Why you should fill in this form

We have a legal responsibility to protect you from fire risks and ensure your health and safety. The PEEP will be developed based on the information you provide.

2. What will happen when you have completed the form

You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend. If you need assistance, the Personal Emergency Evacuation Plan will specify what type of assistance you need. There may be some parts of the most appropriate premises where safe evacuation cannot yet be provided without alterations to the building/structure. In these circumstances the way forward will be discussed with you.

Name:

Which part(s) of the building do you normally work in / visit?

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.....

Do you routinely use more than one location in this building? YES / NO
(if yes, please specify)

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Emergency Procedures

Are you aware of the evacuation procedures which operate in the area you work in? YES NO

Do you require written emergency evacuation procedures? YES NO

Do you require written emergency procedures to be supported by British Sign Language interpretation? YES NO

Do you require emergency evacuation procedures in Braille? YES NO

Do you require the emergency evacuation procedures to be provided on an audio device? YES NO

Do you require the emergency evacuation procedures to be in large print? YES NO

Are the signs which mark emergency routes and exits clear enough? YES NO

Emergency Alarm

Can you hear the fire alarm(s) in your area? YES NO

Could you raise the alarm if you discovered a fire? YES NO

Assistance

Do you need assistance to get out of your place of work in an emergency? YES NO

Is anyone designated to assist you in an emergency? YES NO

If yes, please give details:

Is this arrangement a formal arrangement? (A formal arrangement is one specified for them by a senior person or written into their job description or by some other procedure). YES NO DON'T KNOW

Are you always in contact with those designated to help you? YES NO

In an emergency, could you contact the person(s) in charge of evacuating the building in which you work and tell them where you were located? YES NO

Getting Out

Can you move quickly in the event of an emergency? YES NO

Do you find stairs difficult to use? YES NO

Are you a wheelchair user? YES NO

Thank you for completing this questionnaire. The information you have given will help us to meet any needs for assistance or additional information you may have.

Return this form to HR.

Personal Emergency Evacuation Plan
To be completed by a Health & Safety Representatives following receipt of
PEEP Questionnaire for Disabled Persons

Name: Department:

Awareness of Procedure

The disabled person is informed of a fire evacuation by:

☒

☐ Existing alarm system
☐ Other (please specify)

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.....

Designated Assistance

The following people have been designated to assist this person to evacuate the building in an emergency:

Name:

Contact Details:

Name:

Contact Details:

Name:

Contact Details:

Methods of Assistance
(e.g. Transfer procedures, methods of guidance etc.)

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Equipment Provided

(including means of communication)

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Evacuation Procedure

(step by step account beginning from the first alarm)

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Safe Route(s)

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Date of Agreement:

Next Review Date: