|  |  |  |  |
| --- | --- | --- | --- |
| Name: A Staff  | Directorate / role  | ASCH | A Job Title |
| Building to which PEEP applies - A Building Name |
| Floor / area used – specific area and location of work or fixed desk |
|  | Personal Emergency Evacuation Plan Checklist | Yes | No |
|  | I have been made fully aware of the general evacuation procedures for the building to which this plan relates  |[x] [ ]
|  | Could you raise the alarm if you discovered a fire (operate a call point) |[x] [ ]
|  | Can you open the fire escape door(s) on/in the floor/area you will be using? |[x] [ ]
|  | Are you able to and have you been shown, how to use the refuge communications equipment? |[x] [ ]
|  | Can you hear the emergency alarm in normal working circumstances? |[x] [ ]
|  | Do you require emergency evacuation procedures to be provided an alternative format to the standard instructions? |[ ] [x]
|  | Do you require assistance to evacuate the building? |[x] [ ]
|  | Is there anyone designated to assist you in the event of an emergency? |[x] [ ]
|  | Is the arrangement a formal agreement / specific need? |[x] [ ]
|  | At the intended time of use, how may escape routes are available for you to use in the event of an evacuation? | 2 |
|  | Are the escape routes free from any structural features that would present either a hazard or barrier to you using any available emergency exit? |[x] [ ]
|  |  |  |
|  | How long, approximately, would it take for you to evacuate? To the refuge point / point of safetyOut of the building to the muster point | 3 mins |
|  |  | 3 mins |
|  | Can you move quickly aided to a refuge point for later evacuation to ultimate place of safety? |[x] [ ]
|  | Where applicable, is the toilet fitted with a flashing beacon linked to the fire alarm?? |[x] [ ]
|  | Are you aware of any other building measures that could be introduced into the building that could further help you should you need to evacuate the building in an emergency?No other measures |
|  | Who will be providing assistance (buddy/ies) A N Other |
|  | Who is cover to assist when buddy/ies not available due to leave / sickness etc. A N Otherone |

**Training on use of any associated equipment**

|  |  |
| --- | --- |
| **Date** | **Comments** |
| **20/12/2024** | **Evacusafe chair training module completed** |
|  |  |

**Safe route(s) (description of all the safe routes that can be used)**

|  |
| --- |
| Open plan office with clear routes of travel and Fire routes protected by FD30 at either end of floor out through at least two other sets of FD30 fire doors.stairwells have refuge areas and supplied with evac+ evacuation chairsAll refuge areas have two-way walkie talkie communication with fire controller.All refuge areas have protected stairs to ground floor. All ground floor exits lead to ultimate place of safety and marked signage to muster point.**N.B. A copy of the building plan with routes clearly marked may be useful.** |
| *If filling out electronically – click on relevant box to highlight* | **Yes** | **No** |
|  |  |  |
| Has the route been travelled by employee and manager? |[x] [ ]
| Has a copy of the exit route on plan been attached? |[x] [ ]
| Has any equipment detailed above been tried and tested? |[x] [ ]
| Have all issues been completed to full satisfaction? |[x] [ ]

 If **No** to any of the above, please explain:

|  |
| --- |
|  |

 I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above and understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee signature: | **A Staff** |  | Date: | 03/01/2025 |
|  |  |  |  |  |  |
| Employee name: | **A Staff** |  |  |  |
|  |  |  |  |  |  |
| Manager’s signature: | **A Manager** |  | Date: | 07/01/2025 |
|  |  |  |  |  |  |
| Manager’s name: | **A Manager** |  |  |

 This plan must be reviewed on an annual basis (at least) and when a significant change in

 circumstances (of the building or employee) is anticipated or identified.

|  |  |
| --- | --- |
| Date of next review: | **31/12/2025** |

 Further help and advice: e.g. Health and Safety Adviser

|  |  |
| --- | --- |
| Contact | Telephone |
| **H&S team** | 03000 418 456 and healthandsafety@kent.gov.uk  |
|  |  |
|  |  |

**Personal Emergency Evacuation (PEEP) - Part B Evacuation Plan**

copy should be detached from main assessment and held by:

* The Responsible Person/Building Officer
* Fire Controller for the building

|  |  |
| --- | --- |
| Name of PEEP holder and contact details | A Staff 03000 123654 |
| Name and contact details of Manager: | A Manager03000 987456 |
| Building to which this plan relates: |  Invicta House |
| Location within building: |  1st floor desk 1018 |
| Name and contact details of responsible person/fire controller for building: | A building officer03000 456321 |
| Date of plan: | 01/01/2025 | Date reviewed (at least annually) | 31/12/2025 |

**Agreed Evacuation Procedure**

|  |
| --- |
| **1. Raising the alarm upon discovering a fire** |

I am Unable to raise the alarm

If unable to raise the alarm independently, please detail alternative procedures agreed

|  |
| --- |
| *Inability to raise the alarm may be due to position of emergency break-glass call points and unable to reach or could be due to a sight impairment for example.*  |

**2. Method of warning of an alarm/emergency situation**

I am informed of an emergency evacuation by:

|  |  |
| --- | --- |
| existing alarm system: |[x]  vibrating pager device: |[ ]
| visual alarm system: |[ ]  other: (please specify)  |[x]
| *Give details*A N Other Staff member will come to my desk to inform me and assist me to refuge area |

**3. Exit route procedure**

|  |
| --- |
| *Details of the specific emergency procedures from first alarm up to the building user reaching a “place of safety”. The details provided here should include a step-by-step account of how the Responsible Person will ensure that the building user will reach a place of safety from first alarm actuation to final exit. A diagram should be provided, where necessary, highlighting the position of specific escape routes, refuges and any equipment provided to ensure the safety of the person under assessment.***On activation of the fire alarm system A N Other will go to A Staff’s desk and tell him** **the alarm is going off and accompany them to the first-floor landing refuge area.****A N Other will contact the fire controller via the two-way walkie talkie and find out which part of the building to inform them who is with them and where they are located in the building and to ask which area has been affected and ask them what stair to use.** **Refuge area Evac-tag when floor is swept will be left in place with the sweeping member of staff also passing on to the fire controller that there are staff located in this refuge area.****AN Other and A Staff will be asked to use the unaffected staircase after all the other occupants have finished using the stairs. A Staff is able to bottom shuffle down the stairs if not in to much pain with A N Other taking their crutches.** **The exit will either be via the front door or the rear door, both of which have ramps to negotiate down to ultimate ground level and onward transition to muster point** |

**4. Equipment provided and method of assistance required.**

|  |
| --- |
| *Details of all equipment needed to execute the plan and its location and any transfer procedures and the nature of assistance to be provided for each* **A Staff is able to bottom shuffle down the stairs but should that not be appropriate, then A Staff will use the Evac+ chair located within the refuge area with A N Other taking the lead and assisting down the stairs with them in the chair****A N Other will transition the Evac+ chair to the muster point with A Staff onboard.** |

**5. Means of communication during evacuation:**

|  |
| --- |
| Contact to whom the communication will be with from refuge area and how this is maintained.Via two-way radio located in the refuge area which has direct contact with fire controller. Radio to go with A Staff and A N Other until reached ultimate place of safety and arriving at the muster point  |

Where adjustments are requested/needed, a copy of this form should be sent to your Directorate Health and Safety Advisor and to estates.enquiries@kent.gov.uk and Kenthelpdesk@skanska.co.uk to discuss an action plan for remediation.

**6. Personal Emergency Evacuation Plan sign-off:**

|  |  |  |  |
| --- | --- | --- | --- |
| Building user | A Staff | Signature |  |
| Assessor  | A Manager | Signature |  |
| Responsible person | A Building Officer | Signature |  |
| Date signed-off | 07/01/2025 |