This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed the PEEP will describe the employee’s intended means of escape in the event of emergency, including drills. The PEEP will specify what type of assistance is agreed and how it is to be maintained to ensure the employee’s continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building.

A completed form should be held by the:

* employee
* employee’s line manager
* fire co-ordinator (for each building identified).

**Note:** 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee name:** |  |  | **Tel:** |  |
|  |  |  | |  |
| **Job title:** |  |  | |  |
|  |  |  | |  |
| **Team:** |  | **Location:** | |  |
|  |  |  | |  |
| **Description of duties:** |  | | | |
|  |
|  |  |  | |  |
| **Manager’s name:** |  | | **Tel:** |  |
|  |  |  | |  |
| **Date completed:** |  | **Reviewed:** | |  |
|  |  |  | |  |
| **Reviewed** |  | **Reviewed:** | |  |

**Points to consider:** in preparation for completing details in this form.

* does your role take you to more than one location within the building and other buildings?
* do you ever work alone?
* do you have difficulties reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits?
* do you have any difficulties hearing the fire alarm?
* are you likely to experience problems independently travelling to the nearest emergency exit?
* do you find stairs difficult to use?
* are you dependent on a wheelchair for mobility?if you use a wheelchair would you have problems transferring from your wheelchair without assistance?

|  |
| --- |
| **A: Alarm system** |

1. I am able / unable to raise the alarm (delete as appropriate).

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

|  |
| --- |
|  |

2. I am informed of an emergency evacuation by:

|  |  |  |  |
| --- | --- | --- | --- |
| existing alarm system: | 🞎 | vibrating pager device: | 🞎 |
|  |  |  |  |
| visual alarm system: | 🞎 | other: (please specify) | 🞎 |
|  |  |  |  |
|  | | | |

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| --- |
| **B: Exit route procedure (progress starting from when the alarm is raised and finishing on final exit)** |

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| --- |
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| **C: Designated assistance (details of all persons designated to assist in the evacuation plan and the nature of assistance to be provided by each)** |

|  |
| --- |
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| --- |
| **D: Method of assistance (e.g. transfer procedures, methods of guidance**) |

|  |
| --- |
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| --- |
| **E: Equipment provided (details of all equipment needed to execute the plan and its location)** |

|  |
| --- |
|  |

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| --- |
| **F: Training on use of equipment** |

|  |  |
| --- | --- |
| **Date** | **Comments** |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |
| --- |
| **N.B. A copy of the building plan with routes clearly marked may be useful.** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |
| Has the route been travelled by employee and manager? | 🞎 | 🞎 |
| Has a copy of the exit route on plan been attached? | 🞎 | 🞎 |
| Has the equipment detailed above been tried and tested? | 🞎 | 🞎 |
| Have all issues been completed to full satisfaction? | 🞎 | 🞎 |
| Has a copy of this form been sent to fire co-ordinator? | 🞎 | 🞎 |
| Has the fire co-ordinator informed the fire wardens of these  arrangements? | 🞎 | 🞎 |

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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee signature: |  | |  | Date: |  |
|  |  |  |
|  |  |  |  |  |  |
| Employee name: |  | |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| Manager’s signature: |  | |  | Date: |  |
|  |  |  |
|  |  |  |  |  |  |
| Manager’s name: |  | |  |  |
|  |  |  |  |

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: |  |

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

|  |  |
| --- | --- |
| Contact | Telephone |
|  |  |
|  |  |
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