



## V-HS F 646 Personal Emergency Evacuation Plan (PEEP) Template

The Health and Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999, place duties on the organization to implement effective arrangements for access and emergency evacuation of buildings for employees and visitors.

Personal Emergency Evacuation Plan(s) (PEEP) are required for those employees who need assistance when leaving a building in an emergency, the plan should be tailored to meet the employee's individual requirements.


The Emergency and Evacuation Checklist is to be completed first, if the response to any of the questions is "yes" then a Personal Emergency Evacuation Plan should be completed.

Any detail provided on this form will be handled in confidence and stored only, with the employees' consent, with the necessary parties required to ensure your safety and that of others.

A copy of the completed plan should be sent to HR Support for filing, and must be reviewed at least on an annual basis, and/or when there are any significant changes to employee health/fitness or building layout changes etc.

## 1. Personal Emergency and Evacuation Plan Checklist

<b>A: Location of Normal Place of Work</b>	
<b>Building</b>	
<b>Floor</b>	

<b>B: Evacuation Details</b>
<p>1. If your work takes you to more than one location in the building in which you are based, please describe these areas below.</p>
<p>2. Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes?</p> <div data-bbox="684 1350 901 1424"></div> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/a: <input type="checkbox"/></p>
<p>3. Do you have any problems hearing the fire alarm(s) provided in your place(s) of work?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/a: <input type="checkbox"/></p>

4. Would you experience any problems raising the alarm if you discovered a fire?

Yes: ☐ No: ☐ N/a: ☐

5. Are you likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?

Yes: ☐ No: ☐ N/a: ☐

6. Do you find the stairs difficult to use?

Yes: ☐ No: ☐ N/a: ☐

7. Are you dependant on a wheelchair for mobility?

Yes: ☐ No: ☐ N/a: ☐

8. If you use a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

Yes: ☐ No: ☐ N/a: ☐

**9. General Comments (to include any relevant information not already identified above)**

**If you have ticked “Yes” to any of the above questions, then a Personal Emergency Evacuation Plan in Appendix A should be completed.**

## 2. Appendix A Personal Emergency & Evacuation Plan

### PERSONAL EMERGENCY EVACUATION PLAN

This plan should be completed for an employee who requires assistance with any aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of the building.

Any details provided will be handled in confidence and stored only with their consent, with the necessary parties required to ensure the individuals safety and that of others.

With consent a copy of the completed form will be held by:

- Employee
- Employees Line Manager
- Lead Fire Marshal (for each building identified)
- HR Support for filing into personnel file

#### A. Alarm System

1. Able/unable to raise the alarm (delete as appropriate)

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

2. Informed of an emergency evacuation by:

Existing audio alarm system:

☐

Vibration notification:

☐

Strobe lighting:

☐

Other (please specify):

☐

**B. Evacuation Procedure (step by step account starting when alarm raised and finishing on final exit)**

**C. Designated Assistance (details of EVAC Team roles designated to assist in executing evacuation plan)**

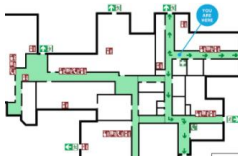
**D. Details of any equipment provided and its location**

**E. Safe routes (description of the primary and secondary escape routes)**



A building layout plan should be attached to this plan with routes clearly marked.

Example below.



I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

<b>Employee Signature:</b>	<b>Date:</b>
<b>Employee Name (please print)</b>	
<b>Assessors Signature:</b>	<b>Date</b>