



## Personal Emergency Evacuation Plans (PEEP)

Hailsham Town Council has a legal responsibility to ensure your health, safety and welfare, as far as is reasonably practicable and this includes your safe evacuation from buildings in an emergency. Therefore, the following assessment needs to be completed to ensure that we have all the required information to produce a plan for emergency evacuation, suitable for your personal needs.

<b>Name:</b>		<b>Department:</b>	
<b>Building:</b>			
<b>Floor:</b>			
<b>This Assessment should be personal to the individuals' needs and must be completed with the active participation of the individual concerned (or their named carer if a minor) and their line manager.</b>			
<b><u>Following this assessment the Personal Emergency Evacuation Plan (PEEP) must then be completed.</u></b>			
		<b>YES</b>	<b>NO</b>
<b>1</b>	Have the general emergency evacuation procedures for the building been explained to you?		
<b>2</b>	Are emergency evacuation procedures required in any of the following: British Sign Language <input type="checkbox"/> Braille <input type="checkbox"/> Audio <input type="checkbox"/> Large print <input type="checkbox"/> Another language <input type="checkbox"/> Please specify: _____		
<b>3</b>	Do you understand the need for emergency evacuation procedures?		
<b>4</b>	Are you able to read and understand the fire exit signs/notices without any difficulty?		
<b>5a</b>	Do you know what the fire alarm sounds like?		
<b>5b</b>	Can you hear the fire alarm in normal circumstances?		
<b>6</b>	Can you raise the alarm if you discover a fire?		
<b>7</b>	Are you able to get out of the building without assistance?		
<b>8</b>	Are you able to move quickly in the event of an emergency?		

		YES	NO
9	Do you use a wheelchair or other mobility aids? If YES ,please specify:		
10	Are you located or using floors above ground level (base building and/or other buildings?) (If NO, go to question 15)		
11	Are you able to use the stairs in the event of an emergency evacuation? (If YES, go to question 15)		
12	Does the building have a fire safe lift?		
13	Are you able and willing to transfer to an emergency evacuation chair in an emergency situation? (If NO, or if an evacuation chair is not available go to question 15)		
14	Do you require assistance to transfer to an emergency evacuation chair?		
15	Are you aware of any refuge areas in the building, if applicable?		
16	Are your escape routes free from any structural features that will present a hazard or barrier?		

Signed (Employee/Councillor): \_\_\_\_\_ Date: \_\_\_\_\_

Print Employee/Councillor name:

\_\_\_\_\_

Signed (Line Manager): \_\_\_\_\_ Date: \_\_\_\_\_

Print Line Manager's name:

\_\_\_\_\_

If this process was supported by another colleague (such as a Facilities Management or Health & Safety)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Use this information to produce the Personal Emergency Evacuation Plan**

This Personal Emergency Evacuation Plan (PEEP) should be completed when the Initial Assessment has been undertaken, taking into consideration all requirements identified. The PEEP should be personal to the individuals' needs and must be completed with the active participation of the individual concerned (or their named carer if a minor) and the relevant line manager.

<b>Name:</b>
<b>Department:</b>
<b>Building:</b> <b>Floor:</b>
<b>Please state how will the individual be notified of the alarm:</b>
<b>Description of agreed evacuation procedures:</b> <i>(Step by step account of what will happen, starting at the time the alarm is raised and finishing at the point that the individual reaches the assembly point outside the building).</i>

<b>Details of evacuation route/s</b>
<b>Specialist equipment required:</b>
<b>Names and contact details of people assisting:</b> <i>(Please ensure that those named will be readily available to assist and ensure that back-up cover has been considered in the event of absence. Identify any training requirements).</i>
<b>Equipment/ medicine needed to be taken with individual at time of evacuation:</b>

Signed (Employee/Councillor): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Line Manager): \_\_\_\_\_ Date: \_\_\_\_\_

Print Line Manager's name: \_\_\_\_\_

Signed (Site Responsible Person): \_\_\_\_\_ Date: \_\_\_\_\_

Print Site Responsible Person's name: \_\_\_\_\_

Shared with all parties named in assessment (e.g. buddies) Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Review date of PEEP: \_\_\_\_\_

**A copy must be kept by the Site Responsible Person, and the Line Manager and Employee/Councillor for their own records.**