

## Personal Emergency Evacuation Plan (PEEP)

This form is to be completed for any employee who requires assistance in the case of an emergency evacuation. The plan outlines assistance required from the point of raising the alarm to arriving at the emergency assembly point safely.

Any detail you provide will be handled and stored in strict confidence and, only with your consent, with the necessary parties required, ensuring your safety and that of others.

A copy of the completed form must be retained by:

- yourself;
- your Manager;
- the Chief Warden (for each location at which you work).

This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (to the building or circumstance of the employee). It is your responsibility to notify those required when your personal circumstances or existing PEEP changes.

PEEP EFFECTIVENESS DATE	
Start date: (Note: Same date as approved by employee and assessor)	
Review date: (Note: PEEP should be reviewed every 12 months or if there is a change)	
End date: (Note: If this PEEP is temporary due to injury/illness please state an end date)	

Part 1: General	
Name:	
Position	
Phone:	
Business unit	
Location and address:	
Is an Assistance Animal involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you trained in the emergency response procedures? (Including the evacuation procedures)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of receiving updates to the emergency response procedures (please state, e.g. text, Braille, email, etc.):	

Part 2: Alarm System
I am able / unable to raise the alarm (delete as appropriate). If unable to raise the alarm independently please detail agreed alternative procedures:
I am informed of an emergency evacuation by:
<input type="checkbox"/> Existing audible alarm system <input type="checkbox"/> Visual alarm system <input type="checkbox"/> Vibrating pager <input type="checkbox"/> Other (please specify):

**Part 3: Evacuation Procedure**

Step-by-step account on the best way to assist you, and assistance required starting from when the alarm is raised and finishing on final exit:

**Part 4: Designated Assistance**

Designated Escorts and Contact Details (Please list name, phone, mobile and email):

Are the designated Escorts trained in the emergency response procedures?  
(Including the evacuation procedures)

Yes  No

**Part 5: Evacuation Plan**

*(A building layout plan should be attached to this form with routes clearly marked)*

**Part 6: Declaration**

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

Worker's name:		
Worker's signature:		Date:
Assessor's Name:		
Assessor's Signature:		Date: