

# PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Name of Company: \_\_\_\_\_

Name of Person who requires PEEP: \_\_\_\_\_

## Reason for PEEP:

No	Task	Responsible Person(s)
1.	(name) _____ to work only on the ground floor:	1. 2. 3.
2.	Action to be taken if _____ discovers a fire (insert details below):	
3.	Action to be taken upon hearing the Fire Alarm (insert details below):	
4.	Assistance required (insert details below):	
5.	Evacuation process (include all probable areas at all times the person is in the premises (insert details below):	
6.	Refuge areas required (insert details below):	
7.	Communications from refuge areas (insert details below):	
8.	Any information to be passed to the Emergency Services if they need to attend the building (insert details below):	
9.	Restrictions (insert details below):	

## PEEP Sign Off:

Signed Assessor:	
Signed (Building User):	
Date:	