

## PEEP 1 PERSONAL EMERGENCY EVACUATION PLAN CHECKLIST

### Section 1 – General Information:

Company Name:			
Name of Assessor:			
Name of Person the PEEP is for:			
Assessed Person's Department:			
Date of Assessment:			
Nature of Impairment(s) / Disability:			
Area(s) <sup>(1)</sup> Covered by the assessment:			
What times / days <sup>(2)</sup> are covered by this assessment:			
Does the buildings Fire Risk Assessment <sup>(3)</sup> denote that the proposed building has suitable access / egress:	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 20px;"><b>YES</b></td> <td><b>NO</b></td> </tr> </table>	<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>		

(1) The PEEP should, as far as practicable, be specific to the individual areas of study / work / residence. However, if, for example, a number of activities are proposed to take place in adjacent areas from which escape will be effected using the same emergency provisions then it may be possible to assess the provisions on one form. Hearing impaired persons will normally be able to be assessed on one form since the provisions made for this class of persons are likely to be the same regardless of location.

(2) It is important to distinguish in the PEEP whether the area to be accessed will be used inside or outside of "normal" working areas. It is likely that certain areas of buildings will be inaccessible outside of normal working hours e.g. to assure security. The PEEP needs to demonstrate that this has been adequately considered.

(3) If a building assessment deems that a particular area does not meet the general access requirements for person being assessed then alternative management arrangements will need to be identified. Once these arrangement have been identified then a new PEEP will need to be undertaken to ensure that the new location(s) is / are adequate. Additionally, the Assessor should complete form PEEP2 and send to the person in overall control of the building to arrange for an evaluation of possible "reasonable adjustments" to the existing building to permit future access.

**One of the following forms should be completed by the assessor and the assessed person:**

**Form A – Mobility Impairment**

**Form B – Visual Impairment**

**Form C – Hearing Impairment**

**For D – General – For all other disabilities not falling within Forms A-C**

## FORM A – MOBILITY IMPAIRED PERSONS

<b>Name:</b>		<b>Name of Company/Department:</b>	
<b>Building to which this PEEP applies:</b>			
<b>Floors used:</b>			
<b>Personal Emergency Evacuation Plan Checklists</b>			
<b>a) Awareness of Emergency Egress Procedures</b>		<b>Yes</b>	<b>No</b>
1.	Have the general emergency procedures been explained to you?		
2.	Could you raise the alarm if you discovered a fire (operate the call point)?		
3.	Can you open the fire escape door on the floor(s) you will be using?		
4.	Could you use a telephone in the area to call the emergency services?		
5.	If you are (or will be) a resident in any property; has a PEEP been prepared for your accommodation? (if not please ask for one to be prepared):		
6.	Do you use a manual wheelchair?		
7.	What is the approximate width of your wheelchair?		
8.	If you use another type of mobility aid, what is it? – insert details below:		
9.	Could you transfer to an Evacuation Chair in an emergency with assistance?		
<b>b) Activities on the Ground Floor:</b>			
1.	At the intended time of use, how many fire exits are available for disabled use?		
2.	If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting the escape?		
3.	How long, approximately, would it take you to evacuate, unaided from the building? (please record a time for each of your available exits up to a maximum of 4)	Mins	
		Mins	
		Mins	
		Mins	
4.	Are the escape routes free from any structural features that will present either a hazard or a barrier to you using any of the available fire exits?		

**Form A continued.../**

**c) The following questions need to be answered by all "ground floor based" mobility impaired persons that will be assisted by full time "helpers".**

1.	Who will be providing this assistance? (insert the details in the box below):
2.	Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc? (insert names in the box below):

**d) Activities based above the Ground Floor (or in a basement with access by stairs)**

**Yes No**

		Yes	No
1.	<b>Assessor:</b> Have all the possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been exhausted?		
2.	Is the area to be used above the 5 <sup>th</sup> floor?		
3.	Is there a "fire-lift"?		
4.	At the intended time of use, how many fire exits from the floor to be used are available for use?		
5.	Do any of the escape routes involve escape into an adjoining building allowing horizontal evacuation?		
6.	Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?		
7.	Where refuges have been provided, are these appropriate for use at the intended time of occupancy?		
8.	Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available?		
9.	Are the refuge doors of the self-closing type and operating correctly?		
10.	Do refuges have communication points that are accessible for you to use i.e. telephone or speaker connected to the building fire control point or security?		
11.	Are you able to use an "Evac" Chair?		
12.	Can you transfer to an "Evac" Chair without being lifted?		
13.	Is there an Evacuation Chair provided in the building?		

**Form A continued.../**

14.	Where are the nearest alternative chairs kept? (Give details in the box below):	
15.	How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits up to a maximum of 4):	Mins Mins Mins Mins

**e) The following questions need to be answered by all "non-ground floor based" mobility impaired persons that will be using /provided with full time "helpers":**

1.	Who will be providing this assistance? (Please give details in the box below):	
2.	Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc.? (Please give details in the box below):	
3.	<b>Are you aware of any other measures that could be introduced in the building under Assessment that could further aid your evacuation in case of an emergency? (Please give details in the box below):</b>	

**ASSESSMENT SIGN-OFF:**

SIGNED (Assessor):	
SIGNED (Building User):	
DATE:	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

## FORM B – VISUALLY IMPAIRED PERSONS

<b>Name:</b>		<b>Name of Company/Department</b>	
<b>Building to which this PEEP applies:</b>			
<b>Floors used:</b>			
<b>Personal Emergency Evacuation Plan Checklists</b>			
<b>a) Awareness of Emergency Egress Procedures</b>		<b>Yes</b>	<b>No</b>
1.	Have the general emergency procedures been explained to you?		
2.	Could you raise the alarm if you discovered a fire (operate the call point)?		
3.	Can you open the fire escape door on the floor(s) you will be using?		
4.	Could you use a telephone in the area to call the emergency services?		
5.	If you are (or will be) a resident in any property; has a PEEP been prepared for your accommodation? (if not please ask for one to be prepared):		
6.	Do you require the emergency escape procedure to be on tape?		
7.	Do you require the emergency escape procedures to be in Braille?		
8.	Do you require the emergency escape procedures to be in large print?		
9.	Can you read the fire escape signs?		
10.	How long would you estimate that it would take to evacuate the building under assessment, unaided (other than with the help of any items identified above), in the event of an emergency?	Mins	
11.	How many escape routes are available to you in the event of an emergency?		
12.	Have any hazardous "projections" or other structural components been identified on your escape routes?		
<b>b) The following questions need only be answered by those visually impaired person possessing some degree of visual capacity:</b>		<b>Yes</b>	<b>No</b>
1.	Are all escape routes clearly sign posted to meet YOUR requirements?		
2.	Where applicable, are all escape corridors designed so as to prevent visual confusion in YOUR circumstances?		
3.	Where applicable, are all the escape staircases fitted with adequate colour contrasting nosing and suitable handrail?		

**Form B continued.../**

**c) The following questions need to be answered by all visually impaired persons that will be using /provided with full time "helpers" while in the building for which this PEEP is being prepared:**

1.	Who will be providing this assistance? (Please give details in the box below):
2.	Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc.? (Please give details in the box below):
3.	<b>Are you aware of any other measures that could be introduced in the building under Assessment that could further aid your evacuation in case of an emergency? Please give details in the box below:</b>

**ASSESSMENT SIGN-OFF:**

SIGNED (Assessor):	
SIGNED (Building User):	
DATE:	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

## FORM C – HEARING IMPAIRED PERSONS

<b>Name:</b>	<b>Name of Company/Department</b>			
<b>Building to which this PEEP applies:</b>				
<b>Floors used:</b>				
<b>Personal Emergency Evacuation Plan Checklists</b>				
<b>a) Awareness of Emergency Egress Procedures</b>			<b>Yes</b>	<b>No</b>
1.	Have the general emergency procedures been explained to you?			
2.	Could you raise the alarm if you discovered a fire (operate the call point)?			
3.	Can you open the fire escape door on the floor(s) you will be using?			
4.	Could you use a telephone in the area to call the emergency services?			
5.	If you are (or will be) a resident in any property; has a PEEP been prepared for your accommodation? (if not please ask for one to be prepared):			
6.	Can you hear the fire alarm in normal circumstances?			
7.	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?			
8.	Do you require written emergency procedures to be supported by BSL interpretation?			
9.	Is your work room fitted with a "hard wired" flashing light, (and a vibrating pillow if a bedroom) which is linked to the fire alarm?			
10.	Is your toilet (or shower / bathroom in halls) fitted with a flashing beacon linked to the fire alarm?			
11.	<b>Are you aware of any other measures that could be introduced in the building under Assessment that could further aid your evacuation in case of an emergency? (Please give details in the box below):</b>			

**ASSESSMENT SIGN-OFF:**

<b>SIGNED (Assessor):</b>	
<b>SIGNED (Building User):</b>	
<b>DATE:</b>	

**FORM D - GENERAL**

<b>Name:</b>		<b>Name of Company/Department</b>	
<b>Building to which this PEEP applies:</b>			
<b>Floors used:</b>			
<b>Personal Emergency Evacuation Plan Checklists</b>			
<b>a) Awareness of Emergency Egress Procedures</b>		<b>Yes</b>	<b>No</b>
1.	Have the general emergency procedures been explained to you?		
2.	Could you raise the alarm if you discovered a fire (operate the call point)?		
3.	Can you open the fire escape door on the floor(s) you will be using?		
4.	Could you use a telephone in the area to call the emergency services?		
5.	If you are (or will be) a resident in any property; has a PEEP been prepared for your accommodation? (if not please ask for one to be prepared):		
6.	Can you hear the fire alarm in normal circumstances?		
7.	Do you need assistance to get out of the room you occupy in the event of an emergency?		
8.	Is anyone designated to assist you to get out in an emergency?		
9.	Is the arrangement with your assistant a formal agreement?		
10.	In an emergency could you contact the person in charge of evacuating the building to tell them where you are located?		
11.	Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions (Please give details below):		
12.	Can you move quickly in the event of an emergency?		

**Continued over..../**



**Form D continued.../**

13.	<b>Are you aware of any other measures that could be introduced in the building under Assessment that could further aid your evacuation in case of an emergency? (Please give details in the box below):</b>

**ASSESSMENT SIGN-OFF:**

SIGNED (Assessor):	
SIGNED (Building User):	
DATE:	

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**