

# VISITORS' PERSONAL EMERGENCY EVACUATION PLAN QUESTIONNAIRE

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

Address of Company: \_\_\_\_\_

## 1. ABOUT YOU:

This form should be completed by / on behalf of a visitor with a disability to help with the development of their Personal Emergency Evacuation Plan (PEEP). The PEEP(s) will inform all parties regarding how the person would escape to safety in the event of an emergency or during drills.

You are requested to hand the completed document to the person / department you are visiting and collect it when leaving the building, if there are no changes to your requirements this document can be used for subsequent visits.

First Name:		Surname:	
Destination(s) during visits – this may be more than one destination within the building:	1. 2. 3. 4.		
Mobile Number (if available) for use to assist with the evacuation:			

**This section covers YOUR particular needs in an Evacuation due to an emergency  
Please complete sections 2, 3, 4 or 5; whichever applies to you.**

## 2. MOBILITY IMPAIRMENT (Please circle yes, or no at the end of each question):

Please answer the questions below if you are able to walk		
Can you leave the building unassisted?	Yes	No
Do you have a person / Carer with you who can help you leave the building?	Yes	No
Will it take you longer than a few minutes to leave the building?	Yes	No
If you are slow we will use an Evacuation Chair. Is that OK?	Yes	No

Visitor PEEP continued.../

Please answer the questions below if you use a wheelchair		
Will you be able to transfer yourself from the wheelchair to our Evacuation chair without assistance?	Yes	No
If our staff put you in the Evacuation Chair, we do not want to aggravate any condition you may have. Is there any condition we should know about? For example; brittle bones.	Yes	No
Please describe the nature of the condition:		
Record any other details:		

**3. HEARING IMPAIRMENT** (Please Circle Yes, or No at the end of each question)

Is your hearing good enough to hear a Fire Alarm?	Yes	No
Do you have a person / Carer with you who can help you leave the building?	Yes	No
Do you require staff to assist you from the building in an emergency?	Yes	No
Record any other details:		

**4. COGNITIVE IMPAIRMENT** (Please Circle Yes, or No at the end of each question)

Is the person able to understand what to do in an emergency?	Yes	No
Does the person have somebody who can help them leave the building?	Yes	No
Does the person require staff to assist them from the building?	Yes	No
Record any other details:		

## 5. **VISUAL IMPAIRMENT** (Please Circle Yes, or No at the end of each question)

Can you read the escape instructions?	Yes	No
Do you have a person / Carer with you who can help you leave the building?	Yes	No
Do you require staff to assist you to leave the building in an emergency?	Yes	No
Record any other details:		

**ACTION:**

If you or your Carer has indicated that you require assistance in the event of an emergency then one of our Fire Marshals or Staff will be assigned to you for the duration of the visit.

**NOTE TO STAFF:**

This Document is to be taken by the visitor to the person they are visiting. In the event of fire the visitor may need assistance to evacuate the building.