



ST JOHN'S COLLEGE

PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Name: ___ xxx



1 – EVACUATION ASSESSMENT

1.1 _____

1.2 Telephone number: _____

1.3 Fax number: _____

1.4 Email address: _____

1.5 Work / residential location: _____

1.6 _____

1.7 Date: _____

1.8 Any other relevant information



2 – HEARING IMPAIRMENT

2.1 Do you have a hearing impairment? Yes No
IF NO, MOVE TO SECTION 3

2.2 Can you hear the fire alarm in normal circumstances? Yes No

2.3 If you have difficulty in hearing the fire alarm, would a visual indicator assist? N/A Yes No

2.4 To your knowledge is there any special or purposely designed hearing system or device available which might assist in you hearing the fire alarm more clearly? N/A Yes No

Details:

2.5 Would your response to the fire alarm being activated be helped by an assistant(s) who could provide support in the fire evacuation procedure? Yes No

2.6 Is there another measure that would assist? Yes No

Details:



3 – VISUAL IMPAIRMENT

3.1 Do you have a visual impairment? **IF NO, MOVE TO SECTION 4** Yes No

3.2 Do you have a visual impairment, which would have an impact on your leaving the building unassisted? Yes No

Details:

3.3 Do you require an aid to help you move around the building for example: a cane, guide dog or other equipment? Yes No

Details:

3.4 How long does it take you to leave the building in normal circumstances from your place of work, unaided?

Time in minutes: _____

3.5 Do you think that the speed at which you are able to leave the building, may have the potential to hold-up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass you more quickly? Yes No

3.6 Would tactile signage or floor surface be of assistance to you? Yes No

Details:

3.7 Are there any other problems you would wish to highlight or solutions/measures that might assist? Yes No

Details:



4 – MOBILITY IMPAIRMENT

- 4.1 Do you have mobility impairment?
IF NO, MOVE TO SECTION 5 Yes No
- 4.2 Can you leave the building unassisted? Yes No
- 4.3 If not – do you require help from an assistant to leave the building? Yes No
- 4.4 Do you need or use a wheelchair? Yes No
- 4.5 Is the wheelchair required for all circumstances? Yes No
- 4.6 Can it be dispensed with for short periods? Yes No
- 4.7 Is the wheelchair electrically powered? Yes No
- 4.8 Is the wheelchair a standard size or wider dimensions? Yes No
- 4.9 Can you use an evacuation chair if required and would it help? Yes No
- 4.10 Can you self transfer? Yes No
- 4.11 Has a member of staff and a deputy been assigned to assist you? Yes No
- 4.12 Any other problems/observations/or solutions? Yes No

Details:



5 – GENERAL INFORMATION

- 5.1 Would you find it acceptable to use a refuge point, if required? Yes No
- 5.2 Might the measures needed for you to escape from the building in an emergency adversely affect the safe escape of other occupants? Yes No
- 5.3 Do you think that any special staff training is required to give you the assistance that you would need in an emergency? (Evac Chair) Yes No
- 5.4 Are you aware of the emergency egress procedures they operate in the building(s) in which you frequent? Yes No
- 5.5 Do you require written emergency egress procedures? Yes No
- 5.6 Are the signs which mark the emergency exits and the routes to the exits clear enough? Yes No
- 5.7 Could you raise the alarm if you discovered a fire? Yes No



NOTES





PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Name: _____

Department: _____

Location/s: _____

AWARENESS OF PROCEDURE

I am alerted of the need to evacuate the building by:

- Existing alarm system
- Pager device
- Visual alarm system
- Other (please specify)

DESIGNATED ASSISTANCE

The following people have been designated to give me assistance to get out of the building in an emergency:

Name	Contact details
Porters	01223 338671/01223 338729



EGRESS PROCEDURE

METHODS OF ASSISTANCE

EQUIPMENT PROVIDED

SAFE ROUTE(S)
