**PERSONAL EMERGENCY EVACUATION PLAN**

****PART B: To be completed by a competent person (line manager) together with a colleague.**

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| **MY PERSONAL EVACUATION EMERGENCY PLAN** | | | | | |
| NAME | |  | | | |
| JOB TITLE | |  | | | |
| LOCATION(S) | |  | | | |
| REASON WHY A PEEP IS REQUIRED | |  | | | |
| PLAN CREATED BY | |  | | | |
| **AWARENESS OF PROCEDURE** | | | | | |
| A copy of the evacuation procedure has been issued in the following format:  …………………………………………………………………………… | | | | | |
| I am informed of a fire evacuation by (please tick √ relevant box): | | | | | |
| Existing alarm system | | | | |  |
| Visual alarm system | | | | |  |
| Pager device | | | | |  |
| Members of the work team | | | | |  |
| Other (please specify) | | | | | |
| **DESIGNATED ASSISTANCE** | | | | | |
| Assistance is required from \_\_\_ people. The following people have been designated to give me assistance to get out of  the building in an emergency: | | | | | |
| Name:  Contact details:  (Mobile, location etc.) | | | | | |
| Name:  Contact details: | | | | | |
| Name:  Contact details: | | | | | |
| **METHODS OF ASSISTANCE** | | | | | |
| Methods of guidance, transfer procedures etc. : | | | | | |
| **EQUIPMENT PROVIDED** | | | | | |
| Specialist equipment to assist my evacuation is (including means of communication): | | | | | |
| **EVACUATION PROCEDURE** | | | | | |
| A step by step account beginning from the first alarm: | | | | | |
| **SAFE ROUTE(S) TO BE USED** | | | | | |
| Determined by the general location of the disabled/assessed person within a building. It should be flexible enough to cover options, e.g. Fire blocks the normal emergency exit route. | | | | | |
| MONITOR AND REVIEW: | | | | | |
| Practices should be every\_\_\_\_ months, dates should be put into diaries. | | | | | |
| SIGNED BY MANAGER : |  | | DATE |  | |
| SIGNED BY INDIVIDUAL : |  | | DATE |  | |

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