**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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