

PERSONAL EMERGENCY EGRESS PLAN (sample form)

PERSONAL DETAILS			
Name:		Student/Staff/Visitor:	
Department(s):			
Nature of Disability:			
Auxiliary Aids/Services Used: (e.g. wheelchair, deaf alerter, personal assistant)			
Names of PEEP Assessors:		Date of PEEP:	/ /

BUILDING USE			
Name of building(s):			
Main location within building (e.g. floor level, room)			
Typical hours of use:		'Out of hours' use:	Y / N
Existing egress procedures:			
Existing procedures awareness/satisfaction:			

IMPACT OF DISABILITY ON EMERGENCY EGRESS	
Mobility:	
Hearing:	
Sight:	
Communication:	
Other:	

PERSONAL EMERGENCY EGRESS PLAN (sample form) (cont.)

AGREED EMERGENCY EGRESS ARRANGEMENTS	
Escape Route:	
Refuge Area:	
Personal Assistance:	
Use of Evac-Chair/ other equipment	
Communication:	

ADJUSTMENTS REQUIRED			
Details: (e.g. deaf alerter)			
Estimated Cost:		Timescale:	
Responsibility:			
Temporary Measures:			

DISTRIBUTION NAMES:	
Disabled Person:	
PEEP Assessors:	
Head of Unit:	
Unit Safety Coordinator	
Safety Services	
Disability Services	

Implementation Date:	/ /	Review Date:	/ /
Signature of disabled person:			
Signature of PEEP assessors:			