

SAFETY CHAIR

Experts in safe evacuation

Personal Emergency Evacuation Plan (PEEP)

Template



PEEP Forms

- 1) The PEEP should, as far as practicable, be specific to individual areas of work/study/residence. However, if, for example, a number of activities are proposed to take place in adjacent areas from which escape will be effected using the same emergency provisions then it may be possible to assess the provisions on one form. Hearing impaired persons will normally be able to be assessed on one form since the provisions made for this class of persons are likely to be the same regardless of location.
- 2) It is important to distinguish in the PEEP whether the area to be accessed will be used inside or outside of "normal" working areas. It is likely that certain areas of buildings will be inaccessible outside of normal working hours e.g. to assure security. The PEEP needs to demonstrate that this has been adequately considered.
- 3) If a building assessment deems that a particular area does not meet the general access requirements for person being assessed then alternative management arrangements will need to be identified. Once these arrangements have been identified then a new PEEP will need to be undertaken to ensure that the new location(s) is / are adequate.

Name of Assessor:	<input type="text"/>				
Name of Person Plan Prepared For:	<input type="text"/>				
Assessed Person's Building / School:	<input type="text"/>				
Date of Assessment:	<input type="text"/>				
Nature of Impairment(s)/Disability:	<input type="text"/>				
Area(s) (1) Covered By The Assessment:	<input type="text"/>				
What times/days(2) are covered by this assessment?	<input type="text"/>				
Does the building Fire Risk Assessment (3) denote that the proposed building has suitable access/egress.	<table><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

Mobility impaired persons

Name:	<input type="text"/>	Name of department/school:	<input type="text"/>
Building to which PEEP applies:	<input type="text"/>		
Floors used:	<input type="text"/>		

Personal Emergency Evacuation Plan Checklist

	YES	NO
1. Have the general emergency procedures been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Could you raise the alarm if you discovered a fire (operate the call point)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you open the fire escape door on the floor(s) you will be using?	<input type="checkbox"/>	<input type="checkbox"/>
4. Could you use a telephone in the area to call the emergency services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to and have you been shown how to use the refuge communications equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6. How many escape routes are available to you in the event of an emergency?	<input type="text"/>	
7. Do you use a manual wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
8. What is the approximate width of your wheelchair?	<input type="text"/>	
	MILLIMETRES	
9. If you use another type of mobility aid, what is it? (insert details)	<input type="text"/>	
10. Could you transfer to an Evacuation Chair in an emergency with assistance?	<input type="checkbox"/>	<input type="checkbox"/>

Activities on the Ground Floor

11. At the intended time of use, how many fire exits are available for disabled use?	<input type="text"/>		
12. If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting to escape?	<input type="text"/>		
	METRES		
13. How long, approximately, would it take you to evacuate, unaided, from the building? (please record a time for each of your available exits up to a maximum of 4)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MINS	MINS	MINS
14. Are the escape routes free from any structural features that will present either a hazard or a barrier to you using any of the available fire exits?	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	

PEEP Forms

The following questions need to be answered by all “ground floor based” mobility impaired persons that will be assisted by full time “helpers”.

15. Who will be providing this assistance? (insert names)

16. Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc? (insert names)

Activities based above the Ground Floor (or in a basement with access by stairs)

	YES	NO
17. ASSESSOR: Have all possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been exhausted?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the area to be used above the 5th floor?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there a “fire lift”?	<input type="checkbox"/>	<input type="checkbox"/>
20. At the intended time of use, how many fire exits from the floor to be used are available for use? (Insert number in column)	<input type="text"/>	
21. Do any of the escape routes involve escape into an adjoining building allowing horizontal evacuation?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
23. Where refuges have been provided, are these appropriate for use at the intended time of occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
24. Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are the refuge doors of the self closing type and operating correctly?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do refuges have communication points that are accessible for you to use i.e. telephone or speaker connected to building fire control point or Security?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are you able to use an evacuation chair?	<input type="checkbox"/>	<input type="checkbox"/>
28. Can you transfer to an evacuation chair without being lifted?	<input type="checkbox"/>	<input type="checkbox"/>
29. Is there an evacuation chair provided in the building?	<input type="checkbox"/>	<input type="checkbox"/>

PEEP Forms

30. Where are the nearest alternative chairs kept?

31. How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits up to a maximum of 4.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MINS	MINS	MINS	MINS

The following questions need to be answered by all “non-ground floor based” mobility impaired persons that will be using/provided with full time “helpers”.

32. Who will be providing this assistance? (insert names)

33. Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc? (insert names)

ASSESSMENT SIGN-OFF:

SIGNED (Assessor):

SIGNED (Building user):

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