

Personal Emergency Evacuation Plan Questionnaire

Section 1 – General information

Name of Individual Plan is Prepared for:			
Desk Location:		Extension Number:	
Building Location:			
Nature of Impairment(s):			
Area(s) Covered By the Assessment:			

What times / days are covered by this assessment?

Day	Core Hours (08:00 – 18:00)	Out of Hours (18:00 – 08:00)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Does the Building Assessment denote that the proposed building is accessible for the type of disability?

YES

NO

Guidance

The PEEP should, as far as practicable, be specific to the individual and their area(s) of work.

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.

Section 2 – Hearing Impaired Persons

Can you hear the fire alarm in normal circumstances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 3 – Visually Impaired Persons

Do you make use of any kind of any aid or “assistive” technologies (cane, guide dog etc.) to normally help you access a building? If yes, please provide details.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How long would you estimate that it would take to evacuate the building under assessment, unaided in the event of an emergency?		
How many escape routes are available to you in the event of an emergency?		
Have any hazardous ‘projections’ or other structural components been identified on your escape routes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The following questions need only to be answered by those visually impaired persons possessing some degree of visual capacity:		
Are all escape routes clearly sign posted to meet your requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where applicable, are all escape corridors designed so as to prevent visual confusion in YOUR circumstances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been provided with comprehensible written or verbal instructions detailing the emergency procedures for the building requiring access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The following questions need to be answered by all visually impaired persons that will be using/provided with full time “helpers”.		
Who will be providing this assistance?		
Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc.		

All persons being assessed should answer the following:		
Are you aware of any other measures that could be introduced in the building under assessment that could further aid your evacuation in case of an emergency?		

Section 4 – Mobility Impaired Persons

This assessment includes persons who, because of other impairments, have a reduced ability to evacuate a building or area unassisted.

Do you use a wheelchair or any other device to aid your mobility?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Is your wheelchair required in all circumstances, or can it be dispensed with for short periods?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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What type of wheelchair do you have?	Manual <input type="checkbox"/>	Electric <input type="checkbox"/>
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What is the approximate width of your wheelchair?	
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If you use another type of mobility aid, what is it?	
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At the intended time of use, how many fire exits are available for use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you able to use a propriety "evacuation chair"?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Is there an evacuation chair available at your closest fire exit? If Yes, please Specify location:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 <input type="checkbox"/>	NO <input type="checkbox"/>
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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)	
1.	2.
3.	4.

Assessment carried out by:

Name:	
Title	
Signature:	
Date:	
Review Date:	

Notes:

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