# Personal Emergency Evacuation Plan for Employee

**PEEP Ref:**

# PEEP Part 1: General Information

|  |  |
| --- | --- |
|  | (Please complete) |
| Name of Person |  | Employee No: |
| Job Title |  |
| Building Room(s) |  |  |
| Room (s) |  |

|  |  |
| --- | --- |
| Buildings being used | 1.  |
| 2. |
| 3. |
| 4. |
| 5. |
| Location and floor levels in respective buildings | 1.  |
| 2.  |
| 3. |
| 4. |
| 5. |

|  |  |  |  |
| --- | --- | --- | --- |
| Daily timetable | Day | Time from | Time to |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

|  |  |
| --- | --- |
| Areas in use out of normal working hours |  |
| Use and location of catering facilities |  |
| Location of toilet facilities |  |

# PEEP Part 2: Personal Information

|  |  |
| --- | --- |
|  | (please delete as appropriate) |
| Can you use stairs safely in an emergency? | Yes | No |
| Would you use the stairs without assistance? | Yes | No |
| Can you follow exit signage without assistance? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you use a wheelchair and/or any other device to aid your mobility? | Yes | No |
| If yes to above, please describe:  |

|  |  |  |
| --- | --- | --- |
| Are you content to use the evacuation procedures for this employee? (tick as appropriate) | ImmediateEvacuation | Yes/ No |
| Disabled Refuge Points | Yes/ No |

|  |  |  |
| --- | --- | --- |
| Are there any other measures that could be introduced that would further aid your evacuation in an emergency? | Yes | No |
| If yes to above, please state: |

# PEEP Part 3: Health & Safety Information

# Personal Emergency Evacuation Plan

|  |  |
| --- | --- |
| **Name** |  |
| **Address of Employment** |  |
| **Location of Workstation/ Area of Work** |  |
| **Hours of Employment** |  |

**Introduction:** Summary of reason for PEEP

**Means of Escape:** Detail of the fire escape arrangements for individual.

**Conclusions/Recommendations:** It is recommended that there are adequate volunteers who are trained to carry out the evacuation procedure.

**Agreed Means of Escape:** The agreed means of escape are as described above. Provide further details:

**Signed:**

**Employee: Date:**

**Line Manager: Date:**

|  |  |
| --- | --- |
| **Copies to:**  | **🗸** |
| Line Manger |  |
| Employee |  |
| Employee File |  |