Your employer has a legal responsibility to protect you from fire risks and to ensure your health and safety whilst at work. In order for us to comply with the law, we would like your assistance by providing information on the below questionnaire. All data provided will be processed in line with application data protection law – please see our privacy notice for more information.

Once completed, we will be able to work out a (PEEP) “Personal Emergency Evacuation Plan” for you, if you need one. We will then discuss the best way of getting you out of the building quickly and comfortably in an emergency.

In particular, we will discuss:

1. if you require information about our emergency egress procedures.
2. if you need assistance during an emergency.

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| **GENERAL:** |
| **Name:** |  |
| **Department:** |  |
| **Job Title:** |  |
| **Description of Duties:** |  |
| **Hours of Work:** |  |

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| **CONSIDERATIONS:** |
| **LOCATION** | 1. Where are you based for most of the time?

**PLEASE NAME THE BUILDING, THE FLOOR AND THE ROOM NUMBER.** |
| **Building:** |  | **Floor:** |  | **Room:** |  |
| 1. Will your job take you to more than 1 location in the building in which you are based?
 | **Yes:** |  | **No:** |  |
| 1. Will your job take you to different buildings?
 | **Yes:** |  | **No:** |  |
| 1. Do you work alone?
 | **Yes:** |  | **No:** |  |
| 1. Are you likely to move around the building?
 | **Yes:** |  | **No:** |  |

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| **EMERGENCY PROCEDURES** |  | **Yes:** |  | **No:** |  |
| 1. Do you require written emergency egress procedures?
 | **Yes:** |  | **No:** |  |
| * 1. Do you require written emergency egress procedures to be supported by Inuit Sign Language, ISL interpretation?
 | **Yes:** |  | **No:** |  |
| * 1. Do you require emergency egress procedures to be in Braille?
 | **Yes:** |  | **No:** |  |
| * 1. Do you require emergency egress procedures to be displayed visually via video?
 | **Yes:** |  | **No:** |  |
| * 1. Do you require emergency egress procedures to be in large print?
 | **Yes:** |  | **No:** |  |
| 1. Are the signs which mark the emergency exits and the routes to the exits clear enough?
 | **Yes:** |  | **No:** |  |

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| **ALARM** | 1. Can you hear the fire alarm(s) provided in your place(s) of work?
 | **Yes** |  | **No** |  | **Don’t Know** |  |
| 1. Could you raise the alarm if you discovered a fire?
 | **Yes** |  | **No** |  | **Don’t Know** |  |

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| **ASSISTANCE** | 1. Do you need assistance to get out of your place of work in an emergency?

**IF NO, PLEASE GO TO QUESTION 15** | **Yes** |  | **No** |  | **Don’t Know** |  |
| 1. Is anyone designated to assist you to get out in an emergency?

**IF NO, PLEASE GO TO QUESTION 14. IF YES, GIVE NAME(S) AND LOCATION(S) OF ASSISTANTS BELOW** | **Yes** |  | **No** |  | **Don’t Know** |  |
| **NAME(S):** |  | **LOCATION(S):** |  |
| 1. Is the arrangement with your assistant(s) formal (that is, is the arrangement written into their job description)
 | **Yes** |  | **No** |  | **Don’t Know** |  |
| * 1. Are you always in easy contact with those designated to help you?
 | **Yes** |  | **No** |  | **Don’t Know** |  |
| 1. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you are located?
 | **Yes** |  | **No** |  | **Don’t Know** |  |

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| **ESCAPE** | 1. Can you move quickly in the event of a fire?
 | **Yes** |  | **No** |  | **Don’t Know** |  |
| 1. Do you find stairs difficult to use?
 | **Yes** |  | **No** |  | **Don’t Know** |  |
| 1. Are you a wheelchair user?
 | **Yes:** |  | **No:** |  |

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| --- | --- |
| **OTHER** | 1. Are there any other considerations not listed above which may affect your ability to respond to emergency situations and evacuations?

**PLEASE DETAIL BELOW IF REQUIRED.** |
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| **Personal Emergency Evacuation Plan:** |
| **Name:** |  |
| **Position:** |  |
| **Name Of Designated Assistants:** |  |
| **Date Of Peep:** |  |

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| **Agreed Method of Assistance****Such As:** Will Assist Pushing Wheelchair During Evacuation To Assembly Point |
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| **Equipment Provided:****Such As**: Evacuation Chairs, Tactile (Vibrating) Fire Alarm Etc. |
|  |
| **Emergency Evacuation Procedure(s):** **Consider:** A step-by-step guide, from alarm to safety, of the evacuation procedures from different floors and buildings. |
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| **Evacuation Route(s):** Provide Diagrams. |
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| **Form Completed By:** |  |
| **Name of Person Requiring PEEP** |  |
| **Signature of Person Requiring PEEP** |  |
| **PEEP Will Require Review On (DDMMYY)** |  |
| **Please Return This Completed Form To** |  |