

## Personal Emergency Evacuation Plan (PEEP) Form Example

Building Name	Personal No. (staff member)	Date of Plan	Expiry Date (if less than 12 months)

Sign off	Line Manager	Facilities Manager	Staff Member

The information on this PEEP will be used to plan the safe evacuation of the named individual in case of emergency. The information will also be used for monitoring purposes to ensure that the organisation has adequate emergency plans. This form can be read by screen readers such as JAWS.

### What do you need to do?

- Determine if any of your staff might need assistance to get out of their workplace building in an emergency
- Read our PEEP Safety Guideline
- Complete the Checklist below and use the information derived to complete the form overleaf
- Send the completed form to HR by email for recording and final sign off
- Make sure everyone understands what they need to do
- Review the form if anything changes.

Checklist for Line Manager	
Has the individual who this plan refers to been properly identified including contact details, position held and host division?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the plan identify where the person works including building, floor level and room number?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified the reason why the person may not be able to make their own escape without assistance and what assistance is needed? You will also need to list who will give that assistance and any equipment necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
In describing how the plan will allow the person to reach a place of safety, have you described in detail how the assistance will be given from each part of the route to the assembly point outside of the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the final plan been reviewed and signed off by the people below? Please tick a box to indicate Yes (a) Facilities Management (b) The individual the plan is prepared for (c) The Line Manager Note: Additional support and advice can be obtained from your Safety Adviser and the Access Unit	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/>
Regarding those persons nominated to assist, do they know what to do and is training being provided in the use of any equipment identified in the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you identified any other issues that may need to be resolved to make the plan work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### DATA PROTECTION NOTICE

Personal information collected for the PEEP process will be used to fulfil the company's obligations under Health and Safety policy and legislation. It will be retained after completion until you leave the company. It may be shared with other organisations, including our agents and contractors, with whom the risk or the control of risk is shared. Individuals have the right to confirm that any information held about them is correct.

Personal Emergency Evacuation Plan for Staff member		
Surname (of staff this PEEP relates to)		
First Name		
Job Title		
Phone Number		
Email		
Division		
Department		
Staff Number		
This plan relates to the following:	Building:	Floor / Room:
Why might the person not be able to get out of the building unaided? Consider mobility, hearing and vision		
If not aware of emergency alarms, how will they know there is a problem?		
Does the person use a wheelchair and if so is it electric or manual? Use a separate sheet if necessary.		
Can the person leave the building safely and reach the fire assembly point unaided, in a timely manner?		
YES <input type="checkbox"/> Please go to the Sign off section      NO <input type="checkbox"/> Please complete the PEEP plan that follows		
If they need someone to help them get out of the building, who will do this? Please list them below and make a note of how they will do this. Such as using an evacuation chair or operating the evacuation lift.		
Name	Contact Details	What will they do?
Describe how the individual will get to the designated fire assembly point, listing those involved, any specialist equipment used or any other relevant information		
Are there any issues to be resolved? Please list. Use separate sheet if necessary.		
<b>Manager's Sign off: (Please read and sign)</b> <ul style="list-style-type: none"> <li>Review and authorize the plan with Facilities Management.</li> <li>Review and authorize the plan with the individual for whom the plan is required</li> <li>Complete the front page of this document</li> <li>If you've said that the disabled person doesn't need assistance, we will retain the form to provide confirmation that you've assessed their needs.</li> <li>If the individual leaves their department for another in the company, it is the line manager's responsibility to pass this PEEP to the new manager for revision. If they leave the company, let the Building Manager (FM) know</li> </ul>		
Now send this to HT to be recorded centrally. You will need to do a separate plan for each building the person works in and will also need to provide a copy to the Facilities Manager		
Please add details of any circumstantial reviews undertaken below		
Date	Review / comments	