

## PEEP 1 - Personal Emergency Evacuation Plan Checklist

### Section 1 - General information

|  |     |    |
|--|-----|----|
| <b>Name of Assessor:</b>   |     |    |
| <b>Name of Person Plan Prepared For:</b>   |     |    |
| <b>Assessed Person's School /Unit/ Service/Team :</b>  |     |    |
| <b>Date of Assessment:</b>   |     |    |
| <b>Nature of Impairment(s)/Disability:</b>   |     |    |
| <b>Area(s) <sup>(1)</sup> Covered By The Assessment:</b>   |     |    |
| <b>What times / days <sup>(2)</sup> are covered by this assessment?</b>  |     |    |
| <b>Does the building Fire Risk Assessment <sup>(3)</sup> denote that the proposed building has suitable access/egress.</b> | YES | NO |

(1) The PEEP1 should, as far as practicable, be specific to individual areas of study / work / residence. However, if, for example, a number of activities are proposed to take place in adjacent areas from which escape will be affected 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 are likely to be the same regardless of location.

(2) It is important to distinguish in the PEEP1 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 PEEP1 will need to be undertaken to ensure that the new location(s) is/are adequate. Additionally, the Assessor should complete form PEEP2 and send to the Duty Holder (person in overall control of the building) to arrange for an evaluation of possible "reasonable adjustments" to the existing building to permit future access.

Cont....

***Personal Emergency Evacuation Plan***

Please indicate which other buildings you will be using and whether a PEEP1 has been completed for them:

| Other Buildings used: | PEEP Completed? |
|-----------------------|-----------------|
|                       | YES / NO        |
|                       | YES / NO        |
|                       | YES / NO        |
|                       | YES / NO        |
|                       | YES / NO        |

One of the following forms should be completed by the assessor and the assessed person.

- Form A – Mobility Impairment
- Form B – Visual Impairment
- Form C – Hearing Impairment
- Form D – General – For all other impairments/disabilities not falling within Forms A, B and C.

Completed questionnaires should then be attached to this header sheet along with a copy of any remedial actions deemed necessary on PEEP2.

In order that an effective PEEP can be prepared for you it may be necessary to share some of the information provided with other relevant members of East Dunbartonshire Council.

I understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan.

Signature: ..... Date: .....

## FORM A - MOBILITY IMPAIRED PERSONS

|                                      |  |             |           |
|--------------------------------------|--|-------------|-----------|
| Name:                                | Name of School/Service:  |             |           |
| Building to which this PEEP applies: |  |             |           |
| Floors used:                         |  |             |           |
|                                      | <b>Personal Emergency Evacuation Plan Checklists</b>   | <b>yes</b>  | <b>no</b> |
| 1                                    | Have the general emergency procedures been explained to you?   |             |           |
| 2                                    | Could you raise the alarm if you discovered a fire (operate the call point)?   |             |           |
| 3                                    | Can you open the fire escape door on the floor(s) you will be using?   |             |           |
| 4                                    | Could you use a telephone in the area to call the emergency services?  |             |           |
| 5                                    | Are you able to and have you been shown how to use the refuge communications equipment?  |             |           |
| 6                                    | Do you use a manual wheelchair?  |             |           |
| 7                                    | What is the approximate width of your wheelchair?  |             |           |
| 8                                    | If you use another type of mobility aid, what is it?   |             |           |
| 9                                    | Could you transfer to an Evacuation Chair in an emergency with assistance?   |             |           |
|                                      | <b>Activities on the Ground Floor:</b>   |             |           |
| 10                                   | At the intended time of use, how many fire exits are available for disabled use?   |             |           |
| 11                                   | If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting to escape?                                       |             |           |
| 12                                   | 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) | <b>Mins</b> |           |
|                                      |  | <b>Mins</b> |           |
|                                      |  | <b>Mins</b> |           |
|                                      |  | <b>Mins</b> |           |
| 13                                   | 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?             |             |           |

***Personal Emergency Evacuation Plan***

|    |  |  |  |
|----|--|--|--|
|    | <b>The following questions need to be answered by all “ground floor based” mobility impaired persons that will be assisted by full time “helpers”.</b> |  |  |
| 14 | Who will be providing this assistance? (insert names, job titles)  |  |  |
| 15 | Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc? (insert names, job titles)                          |  |  |
|    | <b>Activities based above the Ground Floor (or in a basement with access by stairs):</b>   |  |  |
| 16 | Have all possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been exhausted?            |  |  |
| 17 | Is there a “fire lift”?  |  |  |
| 18 | At the intended time of use, how many fire exits from the floor to be used are available for use? (Insert number in column)                            |  |  |

**ASSESSMENT SIGN-OFF:**

|                               |  |
|-------------------------------|--|
| <b>Signed (Assessor)</b>      |  |
| <b>Signed (Building User)</b> |  |

## FORM B - VISUALLY IMPAIRED PERSONS

|  |   |            |           |
|--|---|------------|-----------|
| Name:  | Name of School/Service:   |            |           |
| Building to which this PEEP applies:                 |   |            |           |
| Floors used:   |   |            |           |
| <b>Personal Emergency Evacuation Plan Checklists</b> |   |            |           |
|  | <b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>   | <b>yes</b> | <b>no</b> |
| 1  | Have the general emergency procedures been explained to you?  |            |           |
| 2  | Could you raise the alarm if you discovered a fire (operate the call point)?  |            |           |
| 3  | Can you open the fire escape door on the floor(s) you will be using?  |            |           |
| 4  | Could you use a telephone in the area to call the emergency services?   |            |           |
| 5  | Do you require the emergency escape procedure to be on tape?  |            |           |
| 6  | Do you require the emergency escape procedures to be in Braille?  |            |           |
| 7  | Do you require the emergency escape procedures to be in large print?  |            |           |
| 8  | Can you read the fire escape signs?   |            |           |
| 9  | How long would you estimate that it would take to evacuate the building under assessment, unaided (other than with the help of any items identified above), in the event of an emergency?               | min        |           |
| 10   | How many escape routes are available to you in the event of an emergency?   |            |           |
| 11   | Have any hazardous "projections" or other structural components been identified on your escape routes?  |            |           |
|  | <b>The following questions need only be answered by those visually impaired persons possessing some degree of visual capacity</b>   |            |           |
| 12   | Are all escape routes clearly sign posted to meet YOUR requirements?  |            |           |
| 13   | Where applicable, is all escape corridors designed so as to prevent visual confusion in <b>YOUR</b> circumstances?  |            |           |
| 14   | Where applicable, are all escape staircases fitted with adequate colour contrasting nosing and a suitable handrail?   |            |           |
|  | <b>The following questions need to be answered by all visually impaired persons that will be using / provided with full time "helpers" while in the building for which this peep is being prepared.</b> |            |           |
| 15   | Who will be providing this assistance? (insert names, job titles)   |            |           |
| 16   | Who will cover this "help" role when your normal helper is absent e.g. due to sickness, leave etc. (insert names, job titles)   |            |           |

***Personal Emergency Evacuation Plan***

|    |  |  |  |
|----|--|--|--|
| 17 | 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 |  |  |
| 18 | If yes, please detail measures.  |  |  |

**ASSESSMENT SIGN-OFF:**

|                        |  |
|------------------------|--|
| Signed (Assessor)      |  |
| Signed (Building User) |  |

## FORM C - HEARING IMPAIRED PERSONS

|  |   |            |           |
|--|---|------------|-----------|
| Name:  | Name of School/Service:   |            |           |
| Building to which this PEEP applies:                 |   |            |           |
| Floors used:   |   |            |           |
| <b>Personal Emergency Evacuation Plan Checklists</b> |   |            |           |
|  | <b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>   | <b>yes</b> | <b>no</b> |
| 1  | Have the general emergency procedures been explained to you?  |            |           |
| 2  | Could you raise the alarm if you discovered a fire (operate the call point)?  |            |           |
| 3  | Can you open the fire escape door on the floor(s) you will be using?  |            |           |
| 4  | Could you use a telephone in the area to call the emergency services?   |            |           |
| 5  | Can you hear the fire alarm in normal circumstances?  |            |           |
| 6  | Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?                               |            |           |
| 7  | Do you require written emergency procedures to be supported by BSL interpretation?  |            |           |
| 8  | Is your work room fitted with a "hard wired" flashing light (and a vibrating pillow if a study bedroom) linked to the fire alarm?                                   |            |           |
| 9  | Is your toilet fitted with a flashing beacon linked to the fire alarm?  |            |           |
| 10   | <b>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</b> |            |           |
| 11   | If yes, please detail measures  |            |           |

### ASSESSMENT SIGN-OFF:

|                        |  |
|------------------------|--|
| Signed (Assessor)      |  |
| Signed (Building User) |  |

**Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.**

**Personal Emergency Evacuation Plan**

### GENERAL – FORM D

|  |   |            |           |
|--|---|------------|-----------|
| Name:  | Name of School/Service:   |            |           |
| Building to which this PEEP applies:                 |   |            |           |
| Floors used:   |   |            |           |
| <b>Personal Emergency Evacuation Plan Checklists</b> |   |            |           |
|  | <b>AWARENESS OF EMERGENCY EGRESS PROCEDURES</b>   | <b>yes</b> | <b>no</b> |
| 1  | Have the general emergency procedures been explained to you?  |            |           |
| 2  | Could you raise the alarm if you discovered a fire (operate the call point)?  |            |           |
| 3  | Can you open the fire escape door on the floor(s) you will be using?  |            |           |
| 4  | Could you use a telephone in the area to call the emergency services?   |            |           |
| 5  | Can you hear the fire alarm in normal circumstances?  |            |           |
| 6  | Do you need assistance to get out of your place of work/study in an emergency?  |            |           |
| 7  | Is anyone designated to assist you to get out in an emergency?  |            |           |
| 8  | Is the arrangement with your assistant a formal arrangement?  |            |           |
| 9  | In an emergency could you contact the person in charge of evacuating the building in which you work and tell him where you were located?                            |            |           |
| 10   | Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions?                               |            |           |
| 11   | Can you move quickly in the event of an emergency?  |            |           |
| 12   | <b>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</b> |            |           |
| 13   | If yes, please detail measures  |            |           |

**ASSESSMENT SIGN-OFF:**

|                        |  |
|------------------------|--|
| Signed (Assessor)      |  |
| Signed (Building User) |  |

Thank you for completing this form the information provided will be used to help produce a Personal Evacuation Escape plan to meet your needs.

***You should now move on to complete PEEP 2***





## PEEP 2

### PERSONAL EMERGENCY EVACUATION PLAN:

Name:

Service /School:

Building:

### AWARENESS OF PROCEDURE

I am informed of a fire emergency requiring evacuation by:

Existing alarm system

☐

Visual alarm system

☐

other (please specify)

☐

\_\_\_\_\_

### DESIGNATED ASSISTANCE:

(The following people have been designated to give me assistance to get out of the building in an emergency).

Name

\_\_\_\_\_

Contact details

\_\_\_\_\_

Name

\_\_\_\_\_

Contact details

\_\_\_\_\_

Name

\_\_\_\_\_

Contact details

\_\_\_\_\_

## METHODS OF ASSISTANCE:

(e.g.: methods of guidance, etc.)

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## EVACUATION PROCEDURE:

(A step by step account beginning from the first alarm).

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## SAFE ROUTE(S):

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Signature. ....

Date. ....

Review date. ....