|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Class or Room name number | | |
| Building to which PEEP applies | | | | |
| Location of classroom | | | | |
|  | Personal Emergency Evacuation Plan Checklist | | Yes | No |
|  | Does the child/Pupil change classrooms during the course of the day, which takes them to more than one location within a building or another building? | |  |  |
|  | Do they have difficulties reading and identifying signs that mark the emergency exits and evacuation routes to emergency exits? | |  |  |
|  | Are they likely to experience problems independently travelling to the nearest emergency exit? | |  |  |
|  | Can they open the fire escape door(s) on/in the area/room they will be using? | |  |  |
|  | Are they likely to experience problems independently travelling to the nearest emergency exit? | |  |  |
|  | Does the child/pupil have difficulties hearing the emergency alarm? | |  |  |
|  | Do they require emergency evacuation instructions to be provided an alternative format to aid understanding? | |  |  |
|  | Do you require emergency evacuation procedures to be provided and supported by BSL interpretation or other accessible format? | |  |  |
|  | Are they dependent on a wheelchair or walker for mobility? | |  |  |
|  | Would they have problems transferring from a wheelchair without assistance? | |  |  |
|  | Does the child/pupil find stairs difficult to use independently? | |  |  |
|  | At the intended time of use, how may escape routes are available for you to use in the event of an evacuation? | |  | |
|  | Are the escape routes free from any structural features that would present either a hazard or barrier to them using any available emergency exit? | |  |  |
|  | |
|  | How long, approximately, would it take for them to evacuate  To the refuge point / point of safety  Out of the building to the muster point | | mins | |
| mins | |
|  | Where applicable are is the toilet fitted with a flashing beacon linked to the fire alarm?? | |  |  |
|  | Who will be providing assistance (buddy/ies) | | | |
|  | Who is cover to assist when buddy/ies not available due to leave / sickness etc. | | | |

**Training on use of any associated equipment**

|  |  |
| --- | --- |
| **Date** | **Comments** |
| Click or tap to enter a date. |  |
| Click or tap to enter a date. |  |
| Click or tap to enter a date. |  |

**Safe route(s) (description of all the safe routes that can be used)**

|  |  |  |  |
| --- | --- | --- | --- |
| **N.B. A copy of the building plan with routes clearly marked may be useful.** | | | |
| If filling in this form electronically – click on relevant box to highlight | **Yes** | **No** |
|  |  |  |
| Has the route been travelled by child/pupil and Teacher? |  |  |
| Has a copy of the exit route on plan been attached? |  |  |
| Has any equipment detailed above been tried and tested? |  |  |
| Have all issues been completed to full satisfaction? |  |  |
| Have all relevant staff been informed of arrangements? | |  |  |

If **No** to any of the above please explain:

|  |
| --- |
|  |

I am aware of the Personal Emergency Evacuation Plan for the above-named pupil/child and believe them to be appropriate to the pupils/child’s needs identified above

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Teachers / Managers Name |  | |  | Date: | Click or tap to enter a date. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Person who completed this form: |  | |  | Date: | Click or tap to enter a date. |
|  |  |  |  |  |  |
| Signature: |  | |  |  |

This plan must be reviewed on an annual basis (at least) and when a significant change in

circumstances (of the building or employee) is anticipated or identified.

|  |  |
| --- | --- |
| Date of next review: | Click or tap to enter a date. |

For further help and/or advice contact your KCC Health and Safety Adviser.

I/we (pupil/parent) am/are aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above, (a parent is to sign this off on behalf of a minor):

|  |  |  |  |
| --- | --- | --- | --- |
| Child/pupil Signature: |  | Date: | Click or tap to enter a date. |
| Child/pupil Name: |  |  | Click or tap to enter a date. |
| Parent Signature: |  | Date: | Click or tap to enter a date. |
| Parent Name: |  | Date: | Click or tap to enter a date. |
| Headteacher/manager Signature: |  | Date: | Click or tap to enter a date. |
| Headteacher/manager Name: |  |  | Click or tap to enter a date. |
| SENCO Signature: |  | Date: | Click or tap to enter a date. |
| SENCO Name: |  | Date: | Click or tap to enter a date. |

|  |
| --- |
| List of people who have received a copy of this completed document: |
|  |
|  |
|  |
|  |
|  |
|  |

For further help and advice can be obtained from

|  |  |
| --- | --- |
| Contact | Telephone / Email |
| School’s Fire Coordinator /  H&S Representative |  |
| KCC Health and Safety Team | Tel: 03000 418456  [healthandsafety@kent.gov.uk](mailto:healthandsafety@kent.gov.uk) |
|  |  |
|  |  |

**Personal Emergency Evacuation (PEEP) - Part B Evacuation Plan**

copy should be detached from main assessment and held by:

* The Responsible Person/Building Officer
* Fire Controller for the building

|  |  |  |  |
| --- | --- | --- | --- |
| Name of PEEP holder and contact details |  | | |
| Name and contact details of Manager: |  | | |
| Building to which this plan relates: |  | | |
| Location within building: |  | | |
| Name and contact details of responsible person/fire controller for building: |  | | |
| Date of plan: | Click or tap to enter a date. | Date reviewed  (at least annually) | Click or tap to enter a date. |

**Agreed Evacuation Procedure**

|  |
| --- |
| **1. Raising the alarm upon discovering a fire** |

I am Choose an item.to raise the alarm

If unable to raise the alarm independently, please detail alternative procedures agreed

|  |
| --- |
| *Inability to raise the alarm may be due to position of emergency break-glass call points and unable to reach or could be due to a sight impairment for example.* |

**2. Method of warning of an alarm/emergency situation**

I am informed of an emergency evacuation by:

|  |  |  |  |
| --- | --- | --- | --- |
| existing alarm system: |  | vibrating pager device: |  |
| visual alarm system: |  | other: (please specify) |  |
| *Give details* | | | |

**3. Exit route procedure**

|  |
| --- |
| *Details of the specific emergency procedures from first alarm up to the building user reaching a “place of safety”. The details provided here should include a step-by-step account of how the Responsible Person will ensure that the building user will reach a place of safety from first alarm actuation to final exit. A diagram should be provided, where necessary, highlighting the position of specific escape routes, refuges and any equipment provided to ensure the safety of the person under assessment.* |

**4. Equipment provided and method of assistance required.**

|  |
| --- |
| *Details of all equipment needed to execute the plan and its location and any transfer procedures and the nature of assistance to be provided for each* |

**5. Means of communication during evacuation:**

|  |
| --- |
| Contact to whom the communication will be with from refuge area and how this is maintained. |

Where adjustments are requested/needed, a copy of this form should be sent to your Directorate Health and Safety Advisor and to [estates.enquiries@kent.gov.uk](mailto:estates.enquiries@kent.gov.uk) and [Kenthelpdesk@skanska.co.uk](mailto:Kenthelpdesk@skanska.co.uk) to discuss an action plan for remediation.

**6. Personal Emergency Evacuation Plan sign-off:**

|  |  |  |  |
| --- | --- | --- | --- |
| Building user |  | Signature |  |
| Assessor |  | Signature |  |
| Responsible person |  | Signature |  |
| Date signed-off | Click or tap to enter a date. | | |