|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | Directorate / role | Choose an item. |  | | |
| Building to which PEEP applies | | | | | | |
| Floor / area used | | | | | | |
|  | Personal Emergency Evacuation Plan Checklist | | | | Yes | No |
|  | I have been made fully aware of the general evacuation procedures for the building to which this plan relates | | | |  |  |
|  | Could you raise the alarm if you discovered a fire (operate a call point) | | | |  |  |
|  | Can you open the fire escape door(s) on/in the floor/area you will be using? | | | |  |  |
|  | Are you able to and have you been shown, how to use the refuge communications equipment? | | | |  |  |
|  | Do you require emergency evacuation procedures to be provided on tape | | | |  |  |
|  | Do you require emergency evacuation procedures to be provided in Braille | | | |  |  |
|  | Do you require emergency evacuation procedures to be provided in large print | | | |  |  |
|  | Are you able to read the existing fire exit signs? | | | |  |  |
|  | 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 you using any available emergency exit? | | | |  |  |
|  | |
|  | How long, approximately, would it take for you to evacuate?  To the refuge point / point of safety  Out of the building to the muster point | | | | mins | |
| mins | |
|  | Where applicable, are all evacuation routes designed so as to prevent visual confusion in YOUR circumstances? | | | |  |  |
|  | Where applicable are all escape staircases fitted with adequate colour contrasting nosings and a suitable handrail? | | | |  |  |
|  | Are you aware of any other building measures that could be introduced into the building that could further help you should you need to evacuate the building in an emergency? | | | | | |
|  | 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 completing electronically – click on relevant box to highlight | **Yes** | **No** |
|  |  |  |
| Has the route been travelled by employee and manager? |  |  |
| 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? |  |  |

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

|  |
| --- |
|  |

I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above and understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee signature: |  | |  | Date: | Click or tap to enter a date. |
|  |  |  |  |  |  |
| Employee name: |  | |  |  |  |
|  |  |  |  |  |  |
| Manager’s signature: |  | |  | Date: | Click or tap to enter a date. |
|  |  |  |  |  |  |
| Manager’s name: |  | |  |  |

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. |

Further help and advice: e.g. Health and Safety Adviser

|  |  |
| --- | --- |
| Contact | Telephone |
| Health and Safety Team | 03000 418456 email: 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. | | |