|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 use a manual wheelchair? | | | |  |  |
|  | What is the approx. width of your wheelchair | | | | mm | |
|  | If you use another type of mobility aid, what is it? | | | | | |
|  | Could you self-transfer to an evacuation chair in an emergency with assistance? | | | |  |  |
|  | At the intended time of use how may emergency exits are available for disabled use? | | | |  | |
|  | If only 1 emergency exit is available – how far approximately is the exit from where you will be evacuating from? | | | | mtrs | |
|  | 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 | |
|  | Are the escape routes free from any structural features that would present either a hazard or barrier to you using any available emergency exit? | | | |  |  |
|  | |
|  | Who will be providing assistance (buddy/ies) | | | | | |
|  | Who is cover to assist when buddy/ies not available due to leave / sickness etc. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activities based above ground floor (or from basement with access)  Assessor | Yes | No |
|  | Have all possibilities for relocating the activity or service provision on the ground floor (of this or any other building) been considered and exhausted? |  |  |
|  | Is there an evacuation lift or fire lift available in the building? |  |  |
|  | At the intended time of use, how many emergency exits from the floor/area to be used are available for use | total | |
|  | Do any of the escape routes involve escape into an adjoining building allowing for horizontal evacuation? |  |  |
|  | Where a refuge area has been provided, is it appropriate for use at the intended time of occupancy with answered communications available? |  |  |
|  | Where refuge is not provided on all escape routes, does the existing accessible fire escape and signage clearly lead to another refuge area or ultimate place of safety? | mm | |
|  | Do refuge areas have communication points that are accessible and connected to the fire controller or security who would answer in the event of use? |  |  |
|  | Is there an evacuation chair provided in the area or floor |  |  |
|  | Where are the nearest available / alternative chairs located? |  | |
|  | Does the building have a Tag-Evac refuge area tag in place? | | |

**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. |  |
| 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 the 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. | | |