



Personal Emergency Evacuation Plan (PEEP)

Name:			
Mobile Number:			
Building or Site(s):			
Day(s) of Work/ Study at Location:			
Time(s) of Work/Study at Location:			
Floor:		Room Number:	

Nature of Requirement: e.g. Mobility, hearing, vision or cognitive impairment
John is deaf and cannot hear the fire alarms when they sound.

Personalised Evacuation Procedure: A step-by-step account beginning with the alarm and ending with the exit of the premises to the assembly point
<ul style="list-style-type: none"> On being alerted to the fire alarm via flashing lights, move to the main corridor and exit via the main stairwell (if safe) or the alternative evacuation route Once at ground level make your way out of the main entrance and proceed to the main assembly point which is the main car park

Adaptions or changes to the environment or working practice that are required/have been implemented to accommodate the individual: i.e. installation of visual fire alarms/vibrating alarm provision, location of evacuation chairs, reviewing of lone working practice, etc...
<ul style="list-style-type: none"> Visual alarms to be installed in office and workshops

Additional Information:
<ul style="list-style-type: none">

The Following Have Been Designated to Provide Assistance: (if applicable)	
Name:	A. N. Other
Contact Details:	Room 3 Extension: 1234
Name:	Office Assistant
Contact Details:	Room 3 Extension: 1235

Person Preparing Plan: <i>Name & Title</i>	
Date Prepared:	
Review Date:1	

*Maximum 12 months, or sooner if circumstances change

I understand that I am responsible for keeping my PEEP as accurate as possible and drawing attention to any changes in circumstances that should prompt a review.

Plan Agreed by:

Person Requiring Assistance: <i>Signature</i>	
Responsible Person: <i>Signature</i>	

Notes:

- PEEP should be rehearsed to test its efficiency. Rehearsals could take place during trial evacuations
- Copies of this plan must be provided to:
 - The person the plan applies to
 - The Assessor
 - All designated assistants
 - The person's manager
 - Email a copy to hsw@auckland.ac.nz
- A copy must be placed with the Building Warden evacuation folder/board at each location

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Approved by: Associate Director, Health, Safety and Wellbeing	Document Owner: Health, Safety & Wellbeing Manager	
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