

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 a wheelchair user. He cannot walk unaided. His office is located on level 3. When the fire alarms sound, the lifts automatically return to ground level and are rendered inoperable, therefore John will be required to exit the building via the stairs.

Personalised Evacuation Procedure:

A step-by-step account beginning with the alarm and ending with the exit of the premises to the assembly point

- On hearing the fire alarm, leave your office, move to the main corridor and wait outside your office for your designated assistants to arrive
- Upon the arrival of your assistants you will be assisted to transfer to the evacuation chair
- Once in the chair and the stairwell is safe to use, you will be taken down the stairs to the ground level
- Once at ground level you will remain in the chair and be wheeled 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...

- Evacuation chair will be purchased and located in the main lift/stair lobby on level 3
- All staff who will be designated to assist John in safely exiting the building will be provided with training in the use of the evacuation chair

Additional Information:

-

| | | |
|---|--|----------------------------|
| Personal Emergency Evacuation Plan (PEEP) | | |
| Version: 2 | Issue date: November 2022 | Review Date: November 2025 |
| Approved by: Associate Director, Health, Safety and Wellbeing | Document Owner: Health, Safety & Wellbeing Manager | |
| Once printed this document is uncontrolled. Health Safety and Wellbeing Management System | | |

| 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:

1. PEEP should be rehearsed to test its efficiency. Rehearsals could take place during trial evacuations
2. 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
3. A copy must be placed with the Building Warden evacuation folder/board at each location

| Personal Emergency Evacuation Plan (PEEP) | | |
|---|--|----------------------------|
| Version: 2 | Issue date: November 2022 | Review Date: November 2025 |
| Approved by: Associate Director, Health, Safety and Wellbeing | Document Owner: Health, Safety & Wellbeing Manager | |
| Once printed this document is uncontrolled. Health Safety and Wellbeing Management System | | |