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**Personal Emergency Evacuation Plan (PEEP) Assessment Form**

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| **Name of Person Requiring PEEP :** |  |
| **Contact Number(s):** |  |
| **Building or Site(s):** |  |
| **Days & Hours of Work:** |  |
| **Location of work/study, including floor(s) and room number(s):** |  |

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| **Nature of Requirement:** e.g. Mobility, hearing, vision or cognitive impairment etc… | | | | | | | |
|  | | | | | | | |
| **General Questions** | | | | | **Yes** | | **No** |
| * Does the person have any difficulty: | | | | |  | |  |
| * + Hearing the fire alarm under normal circumstances? | | | | |  | |  |
| * + Reading and following Fire Exit signs? | | | | |  | |  |
| * + Opening doors unaided? | | | | |  | |  |
| * Are they aware of any specific areas on the evacuation routes which may cause a problem or delay them in the event of an evacuation? *If yes, provide details in the comments section* | | | | |  | |  |
| * Do they usually need longer to evacuate a building than other people? *If yes, provide details in the comments section* | | | | |  | |  |
| * Does the person work in any other locations? *(if ‘Yes’, a PEEP will be required for each location)* | | | | |  | |  |
| * Does the person undertake any form of lone working? | | | | |  | |  |
| * Do they suffer from any respiratory conditions which may slow their progress in an evacuation? | | | | |  | |  |
| * Will the person require assistance to evacuate their building? | | | | |  | |  |
|  | | | | | | | |
| **Persons with Mobility Issues** | | **Yes** | | **No** | | **N/A** | |
| * Does the person use any mobility aids? e.g. wheelchair, crutches, walking frame | |  | |  | |  | |
| * If they use a wheelchair, is it required in all circumstances? (Yes) or can it be disposed of for short periods? (No) | |  | |  | |  | |
| * Can they walk unaided? | |  | |  | |  | |
| * + If ‘yes’ are they able to walk from their office to the assembly point? | |  | |  | |  | |
| * Is the person able to use the stairs unaided? |  | |  | | |  | |
| * + If ‘yes’, are they able to make their way to the assembly point unaided? |  | |  | | |  | |

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| **Additional Questions** | **Yes** | **No** |
| * Is the person able to relocate to another building/level if required? |  |  |
| * Is there any other information which you or they feel may be relevant to their condition or needs? *If yes, please state it in the comments section* |  |  |
| **Comments:** | | |

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| **Assistance Required:** If applicable | **Please ✓ all that apply** |
| * Evacuation chair required |  |
| * Person(s) to assist user to walk down the stairs |  |
| * Provided with supervision as they sit on stairs and move down the stairs unaided |  |

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| **Changes to Environment Required:** If applicable | **Please ✓ all that apply** |
| * Braille / tactile signage required |  |
| * Additional colour contrasting edging required to be installed on stairs |  |
| * Additional large print signage required |  |
| * Visual fire alarm indicator(s) required |  |
| * Vibrating alarm(s) required |  |

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| **Outcome of Assessment** | **Please ✓ all that apply** |
| 1. Personal Emergency Evacuation Plan is not required |  |
| 1. Personal Emergency Evacuation Plan required |  |
| 1. Reasonable adjustments required by University |  |
| 1. Adjustments required by individual |  |

**Outcome 1**

* No specific actions relating to evacuation are necessary
* Reaffirm that the person is aware of the standard building evacuation plan and retain this record
* Remind the individual and any other relevant person(s) that if the location of their work/activities change then the process should be reviewed

**Outcome 2**

* A PEEP should be devised using the PEEP proforma
* Ensure any persons required to assist are informed of their role and requirements
* Rehearse the PEEP to ensure it is effective

**Outcome 3**

* If it is considered by the assessor that reasonable adjustments can be made to accommodate the needs of the individual, these should be discussed and agreed upon by the assessor, the individual and any other relevant parties e.g. manager, academics, disability services, property services, residence manager, security, health, safety & wellbeing etc…
* These adjustments could be a change in working or studying location, change of accommodation or the provision of evacuation aids, such as chairs or the instillation of specialised warning equipment such as visual alarms or vibrating pads for pillows

**Outcome 4**

* It may be possible that some adjustments can be made by the individual e.g. a change in working pattern or location or use of other physical aids
* These should be agreed upon by the individual, their manager and any other relevant parties

**Note:** Please ensure the person understands the following:

“*The personal information you provide as part of the PEEP process will be used only to assist you in the event of an emergency, and in accordance with the* [*University Privacy Statements*](https://protect-au.mimecast.com/s/rPv4CWLVEjtA1Y7GtKTtTm?domain=auckland.ac.nz)*. Your completed PEEP will be shared with your line manager or academic supervisor, with any staff who have been designated to provide you with assistance in the event of an emergency, and with the relevant Building Warden for the building in which you usually work or study. In some cases, other staff who are required to make adaptions or changes to the environment to accommodate your needs may also have access to your PEEP for that limited purpose only*.”