

**Personal Emergency Evacuation Plan (PEEP)**

|  |  |
| --- | --- |
| **Name:** |  |
| **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 |
|  |

|  |
| --- |
| **Personalised Evacuation Procedure:**A step-by-step account beginning with the alarm and ending with the exit of the premises to the assembly point |
|  |

|  |
| --- |
| **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… |
|  |

|  |
| --- |
| **Additional Information:** (if applicable) |
|  |

|  |
| --- |
| **Buddies: The Following Have Been Designated to Provide Assistance:** (if applicable) |
| **Name:** |  |
| **Name:** |  |
| **Name:** |  |

|  |  |
| --- | --- |
| **Person Preparing Plan:***Name & Title* |  |
| **Date Prepared:** |  |
| **Review Date:** |  |

\*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:** *Signature* |  |
| **Buddy 1:** *Signature* |  |
| **Buddy 2:** *Signature* |  |
| **Buddy 3:** *Signature* |  |

**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
1. A copy must be placed with the Building Warden evacuation folder/board at each location