

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: Mobility, hearing, vision or cognitive impairment

John has fractured his leg and at present requires the use of crutches to move around. This makes his movements around the building slower than normal.

He is able to use the stairs, although being located on the 8th floor, he will not be able to manage this many 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 assistant to arrive
- Upon the arrival of your designated assistant and when the stairwell is safe to use, proceed down the stairs to the ground level, holding onto the handrail (your assistant will carry your spare crutch)
- Once at ground level make your way out of the main entrance (if safe) 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...

- A temporary office has been assigned and set up on level 1. John is able to negotiate one flight of stairs to the ground level

Additional Information:

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Version: 2	Issue date: November 2022	Review Date: November 2025
Approved by: Associate Director, Health, Safety and Wellbeing	Document Owner: Health, Safety & Wellbeing Manager	
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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

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