

**Personal Emergency Evacuation Plan (PEEP)**

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

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| **Nature of Requirement:** e.g. Mobility, hearing, vision or cognitive impairment |
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| **Personalised Evacuation Procedure:**  A step-by-step account beginning with the alarm and ending with the exit of the premises to the assembly point |
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| **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… |
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| **Additional Information:** |
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| **The Following Have Been Designated to Provide Assistance:** (if applicable) | |
| **Name:** |  |
| **Contact Details:** |  |
| **Name:** |  |
| **Contact Details:** |  |

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| --- | --- |
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| **Name:** |  |
| **Contact Details:** |  |

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| **Person Preparing Plan:**  *Name & Title* |  |
| **Date Prepared:** |  |
| **Review Date:1** |  |

\*Maximum 12 months, or sooner if circumstances change

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| 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* |  |
| **Responsible Person:**  *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](mailto:hsw@auckland.ac.nz)

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