

Personal Emergency Evacuation plan



Please provide as much information to enable the establishment of a suitable plan.

Name:	Mobile number:			
Building or site(s):	Floor:	Ro	om number:	
I have been informed of the er	nergency evacuation proce	edure by: Yes /	No	
(Insert trainers name) and I u	nderstand:			
 My evacuation route 				
 My assistance card 				
The location of the asse	embly area (safe place)			
Assistance: The following per building in the case of an emer		give assistanc	e when I nee	d to leave the
(Insert person assisting name))			
(Insert person assisting name))			
(Insert person assisting name))			
Preferred method of receiving	updates to the emergency	response	Verbal	Written
procedures:				
Tupo of accietance required				
Type of assistance required:				
Equipment required for evacuation	ation			
(Please list and include any bu				
How I get to a safe place:				
(Give step by step details of w	hat is to happen)			

Approved by: Associate Director, Health, Safety and Wellbeing Document Owner: Hazards and Containment Manager

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Evacuation route map (attach or draw) to a safe place.

Images can be attached here.

Person requiring assistance:	.Date: / /
(Signature)	
Responsible person:	Date: / /
(Signature)	

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