PERSONAL EMERGENCY EVACUATION PLAN (PEEP) FORM

Individuals should provide as much information as possible in order to enable the University to develop suitable PEEP(s).

Once developed, the PEEP(s) will determine the appropriate methods for the individual to escape to safety in the event of an emergency.

Why should I complete the form?
The University has a legal duty to protect you from health and safety emergencies and ensure your health and safety whilst you are on the University of Sheffield premises/sites. The PEEP will be developed based on the information you provide.

What will happen when I have completed the form?
The information will be analysed in order to provide you with appropriate arrangements (e.g. assistants, equipment, refuge points etc.) for you to be able to escape to a place of ultimate safety during an emergency.

Part A: The person
(This section should be completed by a 'competent person' with respect to PEEPs with the direct assistance of the disabled person)

Please complete the following sections as fully as possible:

1. Your full name
   Person with a Visual Impairment

2. Department/School
   University of Sheffield

3. Which buildings will you occupy?
   Please name exact location i.e. the building, the floor and room number
   Arts Tower, Level 7

4. Are you aware of the emergency evacuation procedures which operate in the building(s) you occupy? (This includes available exits routes and assembly points)
   Yes   X   No   

5. Hearing Impairment

Would you be able to hear the fire alarm?

Yes  
No  

If response is yes please move on to section 6.

If you have difficulty in hearing the alarm, would a visual indicator assist?

Yes  
No  
Not applicable  

Is there, to your knowledge, any special or purpose designed hearing system or device available that might assist you in hearing the fire alarm more clearly?

Yes  
No  
Not applicable  

Details:

Would your response to the fire alarm being activated be helped by an ‘assistant(s)’ who could provide support in the fire evacuation procedure?

Yes  
No  
Not applicable  

6. Visual Impairment

Do you have a visual impairment, which would have an impact on you leaving the building unassisted?

Yes  
No  

Do you require an aid to help you move around the building for example; a cane, a guide dog or other equipment?

Yes  
No  
Not applicable  

Do you think the speed at which you are able to leave the building, may have the potential to hold-up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass you more quickly?

Yes  
No  
Not applicable  

Details: My visual impairment means that I cannot make my way, particularly along an unfamiliar route very quickly
Would tactile signage or floor surface information be of assistance to you?

Yes ☒ No ☒ Not applicable ☒

7. Mobility Impairment

Can you get to your designated assembly point safely and without assistance?

Yes ☒ No ☒

If response is yes please move on to section 8.

If no, do you require help from an assistant to leave the building?

Yes ☒ No ☒ Not applicable ☒

Do you need or use a wheelchair?

Yes ☒ No ☒ Not applicable ☒

Is the wheelchair require for all circumstances (Yes) or (No) i.e. can it be dispensed with for short periods?

Yes ☒ No ☒ Not applicable ☒

Is the wheelchair a standard size or an electronically powered type with wider dimensions?

Normal ☒ Electrical ☒ Width………………………………………………………………………..

Can you use an evacuation chair if required and would it help?

Yes ☒ No ☒ Not applicable ☒

8. Cognitive Impairment

Do you know what the fire alarm sounds like?

Yes ☒ No ☒

When you hear the fire alarm do you know where to go?

Yes ☒ No ☒
Can you identify the escape instructions? Do you understand them?

Yes   [ ]  No   [ ]

9. General information

Are there any other fire safety problems you wish to highlight or solutions/measures that might assist?

Details: I struggle to make out the fire exit signs (there not big enough for me to recognise easily)

Has a carer been assigned to assist you?

Yes   [ ]  No   [x]

If yes please provide details below:

Name(s)

Details:

Do you think that staff will require specialist training/knowledge to assist you to evacuate the building?

Yes   [ ]  No   [x]  Not applicable   [ ]

If answered ‘yes’ above, what training would assist and would specialist training providers be needed to give this training?

Details:
Part B: The plan
(This section should be completed by a ‘competent person’ with respect to PEEPs with the direct assistance of the disabled person)

NB: There will be the need to develop more than one plan for more than one building

PERSONAL EMERGENCY EVACUATION PLAN FOR:

1. Name of person
   Person with visual impairment

2. Department/School
   University of Sheffield

3. Location - Please name exact location i.e. the building, the floor and room number
   The Green Building, level 4, room D15 (this is my office)

4. The disabled person is informed of a fire emergency through (tick appropriate box(es)):
   - Fire alarm system
     - X
   - Pager/Deaf alerter device
     - 
   - Visual system e.g. flashing light
     - 
   - Other (please specify)

5. Methods of assistance (please list):
   Examples:- transfer to refuge point by the assistant/volunteer (especially those that have mobility impairments); guide through normal exit route(s) (especially for the blind or partially sighted); provide warning device(s) (especially for the hearing impaired); use of guide dog; use of special equipment such as evac-chairs by trained, competent person(s); guidance to areas of safety by appointed assistants.

Guide through the normal exit route(s) available would be beneficial so that (Name) is familiar with the routes available particularly in an emergency. The University has made (Name) aware these may be different from their normal route in and out of the building.

If possible someone should be available to assist (Name) along the escape route in an emergency.
6. Equipment/People required (please list)
Examples: - personal deaf alerter, mobile phones etc.

   Assistant/buddy to assist in evacuation.

7. Emergency egress procedure:
(A step by step account of how the disabled person will be evacuated – from hearing the fire
alarm to point of safety) SAFE ROUTE(S) TO BE USED: this is normally determined by the
general location of the disabled person within a building but should be flexible enough to
cover options – e.g. fire blocks the normal emergency exit route.

   On hearing the fire alarm, (Name) will leave their office and make their way to the escape
stair – meeting (Person 1) there, in their absence it will be (Person 2).

   Once the stairs have emptied of the majority of other occupants evacuating, (person 1)
will assist (Name) down the stairs, ensuring the fire marshals are aware that they are
evacuating and will take a little longer than the majority of people.

   The fire marshal will ensure the responsible person at the front of the building is aware
that they are evacuating.

   Once out of the building (Person 1) will guide (Name) to the assembly point where they
will await further instruction.

8. Designated evacuation assistant(s)
The following people have been designated to give the individual assistance in an emergency.

   Name   Person 1

   Contact details (if possible, include mobile numbers)

   Name   Person 2

   Contact details (if possible, include mobile numbers)
**Declaration of Individual**
I confirm I am aware of the emergency evacuation procedures in operation at the building and satisfied that the above PEEP is appropriate for my specific needs. I understand that I am responsible for drawing attention to any changes in my circumstances that should prompt a review of my evacuation plan.

Signed (Individual): 

Date:

**Declaration of nominated evacuation assistant(s):**
I have been made aware of the specific procedures outlined within this PEEP and agree to assist in the event of an emergency evacuation:

Name (person 1): …………………………………………        Name (person 2): ……………………………………………….
Signature: ……………………………………………….......        Signature: ………………………………………………………….
Date: …………………………………………………………..        Date: ………………………………………………………………….

A copy of this PEEP will be held by the following people:
- Employee/person affected *(Enter Name)*
- Nominated evacuation assistant(s) *(Enter Name(s))*
- Disability Liaison Officer/Departmental Safety Officer *(Enter Name(s))*

**Assessor's details**
Name: …………………………………………………………………………..
Title/Role: ……………………………………………………………………
Signature: ……………………………………………………………………
Date: …………………………………………………………………………

This plan must be reviewed annually and/or when any significant changes occur, which may affect its implementation.