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 broken leg, using crutches

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:
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 required 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 have broken my leg and I currently use crutches, I don’t think I can get down the stairs and well as I would under normal circumstances and therefore require some advice on how I would leave the building.

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 [ ] Not applicable [X]

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:**

<table>
<thead>
<tr>
<th>1. Name of person</th>
<th>Person with a broken leg, using crutches</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Department/School</td>
<td>University of Sheffield</td>
</tr>
<tr>
<td>3. Location</td>
<td>Arts Tower, Level 7</td>
</tr>
</tbody>
</table>

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.

May require someone to notify the responsible person at the front of the building that (Name) is evacuating – albeit slower than the majority of occupants.
6. **Equipment/People required** (please list)
   Examples: - personal deaf alerter, mobile phones etc.

   Someone to notify the responsible person at the front of the building of (Name) actions

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, I (Name) will make their way to the escape stairs – (Name) will wait until the majority of people have passed before entering the stair and starting their descent.

   (Name) will inform one of the fire marshals (identified by the hi vis vests) that they will be evacuating, but that it will take them longer – they will inform the responsible person at the front of the building that (Name) is on their way out.

   If (Name) needs to rest they can do so on one of the stair landings, if they become concerned that they am struggling to fully evacuate they will call University Control on their mobile (number installed on mobile in preparation) they will update (Name) on status of alarm and advise me to either stay put (false alarm) or continue to evacuate (fire).

   Once out of the building (Name) will make their way to the assembly point and await further instructions.

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

   **Name**

   **Contact details (if possible, include mobile numbers)**

   **Name**

   **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.