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| Personal Emergency Evacuation Plan |
| Please refer to the LCC Evacuation Arrangements for People with Disabilities H&S Management Standard before completing this risk assessment |
| Named Individual: | Team/Section: | Building: |
|  |  |  |
| Date Compiled: | Compiled By: | Date for Review: |
|  |  |  |

|  |
| --- |
| **The areas of the building commonly used by the named individual:** |
|  |
| **Issues the named individual may have difficulty with in evacuating the building:** |
|  |
| **Format in which evacuation procedures are made known to named individual:** |
|  |
| **Method of alarm notification to named individual:** |
|  |
| **Narrative of personal emergency evacuation plan arrangements for the named individual:** |
|  |
| **Person/s nominated to assist in PEEP operation**  |
| **Number of person/s required to assist in evacuation:** |
|  |
| **Identify primary assistant/s:** | **Identify back up assistant/s:** |
|  |  |
|  **Identification of specialist equipment required for PEEP:** |
|  |
| **Does the named individual fully understand their personal emergency evacuation plan?** | **Are the emergency evacuation arrangements identified deemed to be suitable and sufficient?** |
| **Y / N** | **Y / N** |
| **Additional measures required** |
| **Action required:** | **By who:** | **By when:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Named Individual’s name:** | **Named Individual’s Signature:** **(or parent/guardian where appropriate)** | **Date:** |
|  |  |  |
| **Manager’s name:** | **Manager’s Signature:**  | **Date:** |
|  |  |  |

|  |  |
| --- | --- |
| Copy of PEEP received by named individual? | Copy of PEEP received by all persons nominated to assist? |
| Y / N | Y / N / N/A |

|  |
| --- |
| PEEP Practice Routine |
|  | Frequency Required | Month Due |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Means of Escape Familiarization |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Simulated Evacuation |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Carry Down Training |  |  |  |  |  |  |  |  |  |  |  |  |  |