

Other YES NO

EMERGENCY ALARM

6. Can you hear the fire alarm(s)?
YES NO Don't know

7. Could you raise the alarm if you discovered a fire?
YES NO Don't know

ASSISTANCE

8. Do you need assistance to get out of the building in an emergency?
YES NO Don't know

GETTING OUT

9. Can you move quickly in the event of an emergency?
YES NO Don't know

10. Do you find stairs difficult to use?
YES NO Don't know

11. Are you a wheelchair user?
YES NO

12. Do you use any walking aids?
YES NO

13. Do you have any sensory impairment? If so please detail?
YES NO

Detail:

Thank you for completing this questionnaire.

Please return the completed form to:

The Home Manager.

Address:

PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Service user's Name	
Date of birth	
Room Number	
Floor	

AWARENESS OF PROCEDURE

Service user is informed of a fire evacuation by: (please tick)

Existing Fire alarm

Visual Fire alarm

Other (please specify)

METHODS OF ASSISTANCE

(e.g. Transfer procedures, methods of guidance, animal assistance, etc)

EQUIPMENT PROVIDED

(including means of communication)

PERSONALISED EVACUATION PROCEDURE (A step by step account beginning with the first alarm)

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2	
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