Policy No:	Authorised by:	Review	Date:		
SD/HS/18a	Davina Powell	24th Octo	ber 2023		
olicy Date:		Date of Nex	ct Review:		
th April 2021		23rd Octo	ber 2024		
PERSONAL EMERGENCY EVACUATION PLAN					
	Policy No: SD/HS/18a Policy Date: th April 2021 PERSONAL	SD/HS/18a Davina Powell olicy Date: th April 2021	SD/HS/18aDavina Powell24th Octoolicy Date:Date of Nexth April 202123rd Octo		

# **PEEP Questionnaire**

This questionnaire is intended to be completed by the service user to provide information assist the development of a suitable Personal Emergency Evacuation Plan (PEEP). Once developed the Plan will be the means of escape procedure in the event of an emergency (Including drills).

If the practice drills identify concerns, then review should be undertaken of the effectiveness of the plan.

# This form should be completed by the service user, or on behalf of the service user but in their presence.

- Why you should fill in the form? We have a legal responsibility to protect you from fire risks and protect your health and safety. based on the information you provide.
- What will happen when you have completed the form?
   You will be provided with any additional information about the emergency agreed Procedures.
- 3. The 'Personal Emergency Evacuation Plan' response will specify what type of assistance you may need. Name Date of Birth Address.

### LOCATION

- 1. Where do you spend most of your time?
- 2. Do you routinely use more than one location in this building? YES NO

### AWARENESS OF EMERGENCY EVACUATION PROCEDURES

- 3. Are you aware of the emergency evacuation procedures which operate in the building(s) YES NO
- 4. Do you require written emergency evacuation procedures? YES NO
- 5. Do you require written emergency evacuation procedures in an alternative format?

Braille	YES 🗌 NO 🗌
BSL	YES 🗌 NO 🗌
Electro	onic format YES 🗌 NO 🗌

	Other					
EMERGENCY ALARM						
c						
6.	Can you hear the YES NO					
7.	Could you raise the YES 🔲 NO 🗌	he alarm if you discovered a fire? Don't know 🗌				
ASSIST	ANCE					
8.	Do you need assi: YES 🔲 NO 🛄	istance to get out of the building in an emergency? Don't know 🗌				
GETTIN	IG OUT					
9.	Can you move qu YES 🔲 NO 🛄	uickly in the event of an emergency? Don't know 🗌				
10	. Do you find stair YES 🔲 NO 🗌					
11	. Are you a wheeld YES D NO D	chair user?				
12	. Do you use any w YES NO	valking aids?				
13	. Do you have any YES NO Detail:	sensory impairment? If so please detail?				
Thank	you for completing	this questionnaire.				
	return the complet me Manager.	ted form to:				
Addres						
PERSO	NAL EMERGENCY E	EVACUATION PLAN (PEEP)				
-	ice user's Name					
	of birth					
Room Number						
Floo	ſ					

## 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)

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
		·

