PEEP Questionnaire for Disabled Person

This questionnaire is intended to be completed by disabled persons to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as you can to enable us to develop a suitable plan.

Once developed, the PEEP will be used to assist escape in the event of an emergency (including drills). If the practice drills identify concerns in the implementation of the evacuation, then please contact *...... for assistance in finding suitable solutions.

1. Why you should fill in the form

We have a legal responsibility to protect you from fire risks and ensure your health and safety. The PEEP will be developed based on the information you provide.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need. There may be some parts of the most appropriate premises where safe evacuation cannot yet be provided without alterations to the building/structure. In these circumstances the way forward will be discussed with you.

^{*} Line Manager, person designated to assist you, and/or Trust Fire Safety Adviser

Name:						
Loc	eation					
1.	Which part of the building do you normally work in / visit ? Please name: the building, the floor and the room.					
2.	Do you routinely use more than or	ne location i	n this building?			
	YES NO					
	If you feel it is necessary, please provide further details below. (Please list the floors & rooms you use in each building)					
Eme	ergency Procedures					
e\	re you aware of the emergency vacuation procedures which operate the building(s) you attend?	YES	NO			
	o you require written emergency vacuation procedures?	YES	NO			
pr	o you require written emergency cocedures to be supported by British gn Language interpretation?	YES	NO			

Do you require the emergency evacuation procedures in Braille?	YES	NO					
Do you require the emergency evacuation procedure to be on tape or CD?	YES	NO					
Do you require the emergency evacuation procedures to be in large print?	YES	NO					
Are the signs which mark emergency routes and exits clear enough?	YES	NO					
Emergency Alarm							
Can you hear the fire alarm(s) in your place(s) or work?	YES	NO	Don't Know				
Could you raise the alarm if you discovered a fire?	YES	NO	Don't Know				
Assistance							
Do you need assistance to get out of your place of work in an emergency?	YES	NO	Don't Know				
Is anyone designated to assist you to assist you in an emergency?	YES	NO	Don't Know				
If YES give name(s) and location(s)							
Is the arrangement with your assistant(s) a one specified for them by a senior person, procedure.)	a formal arr , or written i	angement? (into their job de	(A formal arrangement is escription or by some other				

YES

NO

Don't Know

Are you always in easy contact with those designated to help you?	YES	NO	Don't Know				
In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?	YES	NO	Don't Know				
Getting Out							
Can you move quickly in the event of an emergency?	YES	NO	Don't Know				
Do you find stairs difficult to use ?	YES	NO	Don't Know				
Are you a wheelchair user ?	YES	NO					
Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have. Please return to:							