

PEEP Template

Emergency Evacuation Questionnaire

Why you should fill in the form?

As your employer, (**organisation name**) _____ has a legal responsibility to protect you from fire risks and ensure your health and safety at work. To do this properly we need to know:

- a) if you need information about our emergency Evacuation procedures;
- b) if you need assistance during an emergency.

Please take a few minutes to complete this form.

What will happen when you have completed the form?

We will be able to provide you with information you need about the emergency Evacuation procedures in the building(s) in which you work.

If you need assistance, we will be able to work out a “Personal Emergency Evacuation Plan” for you. To do this, we will discuss the best ways of getting you out quickly and comfortably. We will involve you, your manager and the person(s) in charge of the building(s) in which you work.

We do not see you as a safety risk. The problem belongs to us and the building in which you work.

Name :-

Job Title:-

Department :-

Brief Description of Duties:-



Location

- 1. Where are you based for most of the time? Please name: the building, the floor and the room number**

Building:

Floor:

Room:

- 2. Will your job take you to more than 1 location in the building in which you are based?**

Yes or No:

- 3. Will your job take you to different buildings?**

Yes or No:

Awareness of Emergency Evacuation Procedures

- 4. Are you aware of the emergency evacuation procedures that operate in the building(s) in which you work?**

Yes or No:

- 5. Do you need written emergency evacuation procedures?**

Yes or No:

- a) Do you need written emergency evacuation procedures to be supported by ISL interpretation?

Yes or No:

- b) Do you need emergency evacuation procedures to be in Braille?

Yes or No:

- c) Do you need emergency evacuation procedures to be on tape?

Yes or No:

- d) Do you need emergency evacuation procedures to be in large print?

Yes or No:

6. Are the signs which mark the emergency exits and the routes to the exits clear enough?

Yes or No:

Emergency Alarms

7. Can you hear the fire alarm(s) provided in your place(s) of work?

Yes or No:

8. Could you raise the alarm if you discovered a fire?

Yes or No:

Assistance

9. Do you need assistance to get out of your place of work in an emergency?

Yes or No or Don't Know:

If NO, please go to question 13

10. Is anyone designated to assist you to get out in an emergency?

Yes or No or Don't Know:

If NO, please go to question 12. IF YES, give name(s) and location(s)

11. Is the arrangement with your assistant(s) formal (that is, is the arrangement written into their job description)

Yes or No or Don't Know:

12. Are you always in easy contact with those designated to help you?

Yes or No or Don't Know:

13. 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 are located?

Yes or No or Don't Know:

Getting Out

14.Can you move quickly in the event of a fire?

Yes or No or Don't Know:

15.Do you find stairs difficult to use?

Yes or No or Don't Know:

16.Are you a wheelchair user?

Yes or No or Don't Know:

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.

Remember, we do not see you as the problem – you are not a safety risk. The problem belongs to us and the building in which you work.

Please return completed form to :-

Personal Emergency Evacuation Plan

Name:

Date:

Position:

Designated Assistance (including leave cover arrangements for designated staff):

Assistance Methods/Techniques:

Equipment Provided:

Emergency Evacuation Procedure(s): (a step-by-step guide, from alarm to safety, of the evacuation procedures from different floors and buildings)

Evacuation Route(s): (preferably with diagrams)