**Personal Emergency Evacuation Plan**

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| --- | --- | --- | --- |
| **Learner Name** |  | **Campus** |  |
| **D.O.B** |  | **Ref Number** |  |
| **Assessor:** |  | **Assessor’s Role:** |  |

|  |  |
| --- | --- |
| **Please attach a timetable to this plan, showing details of your day (including breaks) and locations of lessons.** | |
| **Which areas of the building do you use most often?** |  |
| **Do you use any areas outside of normal college hours?** |  |
| **What days and times does this plan cover?** |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Can you see visual alarm signals?** |  |  |
| **Could you safely use the stairs in an emergency?** |  |  |
| **Can you hear audible alarm signals?** |  |  |
| **Could you use the stairs without assistance?** |  |  |

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| --- |
| **Please describe your disability or the condition/illness which means you would require help during an emergency evacuation:** |

**Visually Impaired Persons**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Do you use any aids or assistive technologies (cane, guide dog etc) to help you access the building? If yes, please give details:** |  |  |
| **Can you follow exit signage without assistance?** |  |  |

|  |  |  |
| --- | --- | --- |
| **These questions only need to be answered by visually impaired persons with some visual capacity.** | Yes | No |
| **Are all escape routes clearly signposted to meet your requirements? If not, please describe what you would require.** |  |  |

**Mobility Impaired Persons**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Do you use a wheelchair and/or other devices to aid your mobility? If yes, please give details:** |  |  |
| **Do you use a wheelchair at all times while you are at college?** |  |  |
| **Do you have a manual chair, or an electric chair?** |  |  |

|  |  |
| --- | --- |
| **Are there any measure that could be introduced that would further aid your evacuation in an emergency? Please describe below, or, if not, please state no.** |  |
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| **Actions to be taken by assessed person in the event of an emergency evacuation plan:** |

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| --- |
| **Actions to be taken by college, staff or friend in the event of an emergency evacuation:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| **Walk through of evacuation scenario completed?** | | | |  |  |
| **Evacuation Practice Completed?** | | | |  |  |
| **Date of next PEEP Review?** | | | |  | |
| **Assessor Name:** |  | **Signature:** |  | | | |
| **Date:** |  |  |  | | | |
|  |  |  |  | | | |
| I understand that under the General Data Protection Regulations, this information will be shared with other members of staff at the College and I agree to notify my tutor of any changes in my circumstances which may affect this Plan.  I also understand that by signing this document I am agreeing to the arrangements described above for ensuring I can be safely and quickly evacuated from a college building during an emergency | | | | | | |
| **Signed (Student):** |  | **Date:** |  | | | |

**Students under the age of 18**

|  |  |  |  |
| --- | --- | --- | --- |
| As the parent, guardian or carer of the above named student, I consent to the arrangements described above to ensure they can be safely evacuated from college buildings in the event of an emergency. | | | |
| **Parent/Carer** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use Only**   |  |  |  |  | | --- | --- | --- | --- | | **ProMonitor Update** | | | | | Form Uploaded |  | ProMonitor Note Added |  |   Staff Name: Staff signature: Date: / / |