Health & Safety, Edinburgh Napier University

**Personal Emergency**

**Evacuation Plan**

**(PEEP)**

***(Student Accommodation)***

*\*\*It is the responsibility of the individual to notify the University if they require assistance to evacuate in an emergency situation\*\**

# PEEP Part 1: Personal Information

|  |  |  |
| --- | --- | --- |
| **Name of Person** |  | **Employee or Matriculation No.** |
| **Residence** |  |  |
| **Flat / Room Number** |  |
| **Accommodation Officer** |  |

|  |  |
| --- | --- |
|  | (please tick as appropriate) |
| **Mobility impairment** |  | **Visual impairment** |  |
| **Hearing impairment** |  | **Medical condition e.g. Asthma** |  |
| **Difficulty reading signage** |  | **Temporary impairment e.g. broken limb** |  |
| **Pregnancy** |  | **Other** |  |

|  |  |
| --- | --- |
|  | (please delete as appropriate) |
| **Do you have a full time personal assistant?** | YES | NO |
| **Can you hear audible alarm signals?** | YES | NO |
| **Can you use stairs safely in an emergency?** | YES | NO |
| **Would you use the stairs without assistance?** | YES | NO |
| **Can you follow exit signage without assistance?** | YES | NO |

|  |  |  |
| --- | --- | --- |
| **Do you use a wheelchair and/or any other device to aid your mobility?** | YES | NO |
| ***If yes to above, please describe:*** |
| **If you use a wheelchair, it is a manual or electric chair?**  | Manual | **Electric** | N/A |
| **Will you use your wheelchair at all times while you are at university?** | YES | NO |
| **Can you self transfer?** | YES | NO |

|  |  |  |
| --- | --- | --- |
| **Are there any other measures that could be introduced that would further aid your evacuation in an emergency?** | **YES** | NO |
| ***If yes to above, please state:***  |

# PEEP Part 2: General Information

|  |  |
| --- | --- |
| **Residence** |  |
| **Flat / Room No.**  |  |

|  |
| --- |
| **Additional Notes** |
|  |

# Part 3: Personal Emergency Evacuation Plan

|  |  |
| --- | --- |
| **Name** |  |
| **Residence** |  |
| **Flat / Room No.**  |  |

**Introduction**

**Means of escape**

**Conclusions/Recommendations**

**Agreed means of escape**

***On hearing the alarm***

***On discovering a fire***

**Signed**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Officer

Health & Safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_