**Personal Emergency Evacuation Plan for Visitors**

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| This form should be completed for visitors who require assistance or special arrangements during an emergency evacuation. To help ensure safe evacuation arrangements, individuals are asked to provide as much accurate information as possible on requirements. Any details provided will be handled in accordance with GDPR requirements. The information will not be shared any more widely than is absolutely necessary. | | | | |
| **Part 1: Personal Information**  To be completed by the individual requiring PEEP/their representative | | | | |
| Name of person requiring PEEP |  | | | |
| Pronouns |  | | | |
| Contact details of person completing PEEP form | Name: | | | |
| Department/School: | | | |
| Name of host/event organiser |  | | | |
| Reason for visit |  | | | |
| Date(s) and time of day of visit: |  | | | |
| Building(s) and room(s) being visited: |  | | | |
| **Reason for PEEP (please select as appropriate)** | | | | |
| Mobility impairment | | Deaf / hearing loss | | |
| Visual impairment | | Neurodiversity | | |
| Other circumstances  e.g. Medical conditions, injury  Please provide details: | | | | |
| **Please provide further information in the comments box for each of the questions below. This is necessary to enable a full assessment of requirements and processes.** | | | Select ‘Yes’/’No’ from drop down menu | **Comments** |
| Do you have a full time carer/personal assistant? | | | Choose an item. |  |
| Can you see visual alarm signals? | | | Choose an item. |  |
| Can you hear audible alarm signals? | | | Choose an item. |  |
| Can you use stairs safely/unaided in an emergency? | | | Choose an item. |  |
| Can you follow exit signage without assistance? | | | Choose an item. |  |
| Do you use a wheelchair and/or any other device to aid your mobility? (if other, please give detail in ‘comments’ box) | | | Choose an item. |  |
| If you use a wheelchair is it a manual or an electric chair? | | | Choose an item. |  |
| Will you use your wheelchair at all times while you are visiting the University? | | | Choose an item. |  |
| If you use a wheelchair, are you able to self-transfer into an evacuation chair? | | | Choose an item. |  |
| Standard evacuation chairs have a maximum capacity of 180kg; to help assist with determining the most suitable evacuation method, please indicate if this capacity limit is appropriate for you. | | | Choose an item. |  |
| Are you content to use the University evacuation procedures for disabled people? (Please see ‘General guidance for staff and students on methods of evacuation’ available at: <https://www.ed.ac.uk/health-safety/fire-safety/assisted-evacuation> ) | | | Choose an item. |  |
| Any additional comments on reasons for being unable to evacuate without assistance that are not covered above | | |  |  |

**On completion of this section, please return the form to** [peeps@ed.ac.uk](mailto:peeps@ed.ac.uk)

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| **Part 2: Evacuation Procedures**  To be completed by the Fire Safety Unit and returned to [peeps@ed.ac.uk](mailto:peeps@ed.ac.uk) | | | | | | |
| Select evacuation method(s) to be used and note which building the method(s) should be used in if method varies by building: | | **Evacuation method** | **Yes/No** | | **Building to be used in** | |
| Evacuation Lifts | Choose an item. | |  | |
| Evacuation Chairs | Choose an item. | |  | |
| Phased Evacuation | Choose an item. | |  | |
| Immediate Evacuation | Choose an item. | |  | |
| Buddy System (e.g. Carer/ Personal Assistant) | Choose an item. | |  | |
| Step by step description of evacuation method(s) to be used | |  | | | | |
| Are Recovery Teams provided and trained in each area? | |  | | | | |
| Is there a procedure in place for out of normal working hours in each building? If yes, please describe | |  | | | | |
|  | | | | | |
| **Part 3: Approval**  To be completed by individual requiring PEEP, host/event organiser and Fire Safety Unit (*\*email confirmation is acceptable but should be sent to* [*peeps@ed.ac.uk*](mailto:peeps@ed.ac.uk) *along with a copy of the PEEP)* | | | | | |
| **Individual requiring PEEP**   * I confirm that I am aware of the emergency evacuation procedures and that I agree to evacuation arrangements stated Part 2 of this plan (for explanations of the different evacuation methods please visit <https://www.ed.ac.uk/health-safety/fire-safety/assisted-evacuation> ) * I understand that if changes are required, I should request for my PEEP to be reviewed   **Signature:**  **Date:** | | | | | |
| **Host/event organiser:** |  | | | **Date:** Click or tap to enter a date. | |
| **Fire Safety Unit:** |  | | | **Date:** Click or tap to enter a date. | |
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| **Privacy Notice**  Available to view at https://www.docs.csg.ed.ac.uk/Safety/general/gdpr/PrivacyNoticeCorporateV1.1Final.pdf  Further guidance on the PEEP process can be found at: <https://www.ed.ac.uk/health-safety/fire-safety/assisted-evacuation> | | | | | |
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