This form is to be used for staff only. Copies to be held on the employee’s Personnel file.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee  |  | Role/Designation  |  |
| Place of work  |  | Disability / needs  |  |
| Name of Line Manager |  | Role/Designation |  |
| Date of Assessment  |  | Date to be reviewed |  |

**Declaration by employee**

In order that an effective PEEP can be prepared for you it will be necessary to share some of the information you provide with other relevant members of WSCC staff, e.g. Evac Chair operators, fire wardens, etc.

|  |
| --- |
| ‘I understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan’. |
| Signature of employee: |  | Date  |  |

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
|  | Have the general emergency procedures been explained to you? |  |  |
|  | Could you raise the alarm if you discovered a fire (operate the call point)? |  |  |
|  | Can you open the fire escape door on the floor(s) you will be using? |  |  |
|  | How many escape routes are available to you in the event of an emergency? |  |
|  | Have any hazardous projections or other structural obstructions been identified on your escape routes? |  |  |

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 6. | Do you use a manual wheelchair?  |  |  |
|  | What is the approximate width of your wheelchair? |  |
|  | Have you been shown how and are you able to use the refuge point communications equipment? |  |  |
|  | If you use another type of mobility aid, what is it? (provide details) |
|  |  |
|  | Could you transfer to an evacuation chair in an emergency with assistance? |  |  |
| The following questions need to be answered by all “ground floor based” mobility impaired persons who do not require assistance by “helpers” | Yes | No |
|  | How many emergency exits are available for your use? |  |
|  | If only 1 emergency exit is available, how far, approximately, is the exit from the area where you are starting to escape? |  |
|  | How long, approximately, would it take you to evacuate, unaided, from the building? (please record a time for each of your available exits) | Mins  |
| Mins  |
| Mins  |
| Mins  |
| The following questions need to be answered by all “ground floor based” mobility impaired persons who do require assistance by full time “helpers” |
|  | Who will be providing this assistance? (insert names & job titles) |
|  |  |
|  | Who will cover this ‘help’ role when your normal helper is absent, e.g. due to sickness, leave etc? (insert names & job titles) |
|  |  |
| Activities based above the ground floor (or in a basement with access by stairs) | Yes | No |
|  | **ASSESSOR:** Have all possibilities for relocating the activity or service provision on the ground floor been exhausted? |  |  |
|  | Is there an ‘Evacuation Lift’ or ‘Fire-Fighter’s Lift’? |  |  |
|  | At the intended time of use, how many fire exits from the floor to be used are available for use? (insert number in column) |  |
| 22 | Have refuges been provided on, or adjacent to, each fire escape route (where applicable)?  |  |  |
| 23 | Where refuges have been provided, are these appropriate for the intended use? |  |  |
| 24 | Where refuges are not provided on all escape routes, does the existing fire escape signage clearly lead you to other refuges that are available? |  |  |
| 25 | Are the refuge doors of the self-closing type and operating correctly? |  |  |
| 26 | Do refuges have communication points that are accessible for you to use, i.e. telephone or speaker connected to building reception or security? |  |  |
| 27 | Is there an evacuation chair provided in the building? |  |  |
| 28 | How long, approximately, would it take you, unaided, to reach a place of safety in an emergency? (Please record a time for each of your available exits up to a maximum of 4.) | mins |
| mins |
|  mins |
|  mins |
| The following questions need to be answered by all “non-ground floor based” mobility impaired persons that will be using / provided with full time “helpers”. |
| 29 | Who will be providing this assistance? (insert names & job titles) |
|  |  |
| 30 | Who will cover this ‘help’ role when your normal helper is absent e.g. due to sickness, leave etc? (insert names & job titles) |
|  |  |

**VISUALLY IMPAIRED PERSONS**

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
|  | Do you require the emergency escape procedure to be on tape? |  |  |
|  | Do you require the emergency escape procedures to be in Braille? |  |  |
|  | Do you require the emergency escape procedures to be in large print? |  |  |
|  | Can you read the fire escape signs? |  |  |
| The following questions need only be answered by those visually impaired persons possessing some degree of visual capacity |
|  | Are all escape routes clearly signposted to meet YOUR requirements? |  |  |
|  | Where applicable, are all escape corridors designed so as to prevent visual confusion in YOUR circumstances? |  |  |
|  | Where applicable, are all escape staircases fitted with adequate colour contrasting nosing and a suitable handrail? |  |  |
| The following questions need to be answered by all visually impaired persons that will be using / provided with full time “helpers” while in the building for which this peep is being prepared. |
|  | Who will be providing this assistance? (insert names & job titles) |
|  |  |
|  | Who will cover this ‘help’ role when your normal helper is absent e.g. due to sickness, leave etc? (insert names & job titles) |
|  |  |

**HEARING IMPAIRED PERSONS**

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
|  | Can you hear the fire alarm in normal circumstances? |  |  |
|  | Do you require the building emergency procedures to be provided to you in an alternative format to the standard written instructions? |  |  |
|  | Do you require written emergency procedures to be supported by British Sign Language interpretation?  |  |  |
|  | Is your workroom fitted with a ‘hard wired’ flashing light, linked to the fire alarm? |  |  |
|  | Is your toilet fitted with a flashing beacon linked to the fire alarm? |  |  |

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
|  | Are you aware of any other measures that could be introduced in the building that could further aid your evacuation in case of an emergency?  |  |  |
|  |  |  |  |

**RECOMMENDATIONS**

|  |  |  |
| --- | --- | --- |
| Recommendations | Due Date  | Who by  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ASSESSMENT SIGN-OFF**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Line Manager) |  | Date |  |
| Signed (Employee) |  | Date  |  |