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| PSSFRM13-1 – Personal Emergency Evacuation Plan (PEEP) |
| **NAME** |  |
| **JOB TITLE** |  |
| **DEPARTMENT** |  |
| **WORK LOCATION(S)** |  |
| **DATE** |  |
| **REVIEW DATE** |  |
| **PLAN CREATED BY** |  |
| I AM INFORMED OF AN EMERGENCY EVACUATION BY (tick relevant box) |
| EXISTING ALARM SYSTEM |  |
| VISUAL ALARM SYSTEM |  |
| PAGER DEVICE |  |
| MEMBER OF CREW |  |
| OTHER (please specify) |
| DESIGNATED ASSISTANCE |
| NAME |  |
| CONTACT DETAILS |  |
| NAME |  |
| CONTACT DETAILS |  |
| NAME |  |
| CONTACT DETAILS |  |
| NAME |  |
| CONTACT DETAILS |  |
| **METHODS OF ASSISTANCE** |
| Methods of guidance, assistance, support etc: |
| EQUIPMENT PROVIDED |
| Specialist equipment to assistance evacuation (including means of communication): |
| EVACUATION PROCEDURE |
| A step-by-step account beginning from the first alarm: |
| SAFE ROUTE(S) TO BE USED |
| Determined by the general location of the person requiring assistance. It should be flexible enough to cover options, e.g., a fire blocks the normal exit route: |
| **SIGNED BY HOD/SUPERVISOR** |  |
| **SIGNED BY CREW MEMBER** |  |