|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** | | |  | |