

Personal Emergency Evacuation Plan

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| --- | --- |
| Name |  **Staff 🞏 Student 🞏** |
| Location | **Campus:****Building:****Floor and Room Number/s:** |
| Issue date |  |
| Review date |  |
| **Have you practised the Emergency evacuation procedures?** | **🞏 YES 🞏 NO 🞏** |

|  |  |
| --- | --- |
| Type | Further information – assistance/equipment required for evacuation  |
| Visual ❑ |  |
| Hearing ❑ |  |
| Mobility ❑ |  |
| Other ❑ |  |

|  |
| --- |
| **Personal evacuation procedures** |
|  |

**Staff/Student:**

**Name** ………………………………………………. **Sign** ………………………………………….  **Date** ………………..……………

**Emergency Warden:**

**Name** ………………………………………………. **Sign** ………………………………………….  **Date** ………………..……………

*A copy of this plan is to be held by both the PEEP owner and the relevant emergency warden.*