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## Residential Services Evacuation Questionnaire

**Why am I receiving this form?**

Swansea University has a legal responsibility to ensure your health and safety and to protect you in the event of an emergency evacuation. To do this we need to assess your requirements which will be used to form a document called a Personal Emergency Evacuation Plan (PEEP), this will outline details of the necessary actions should you need to be evacuated from your residence.

###### **How do I know if I will require a PEEP?**

In the event of a fire or another emergency, alarms will be activated and all residents/visitors are required to leave the building immediately. The lifts will stop operating as soon as the fire alarms are activated. If you believe that you may need assistance in evacuating your accommodation or if you have any concerns about whether you would hear the alarm please complete this form, we can then advise on the appropriate arrangements that need to be put in place to ensure your safe evacuation in an emergency.

*This questionnaire is intended to be completed by students with a disability / medical condition or an injury; Residential Services, Disability Office and Health and Safety Department will then develop a PEEP specifically for you. If you do not feel comfortable answering any of the questions, require assistance, or would like to arrange a meeting to discuss your specific needs, we are happy to do so. If you do not provide appropriate information we may not be able to develop a plan which best suits your needs.*

|  |  |
| --- | --- |
| **Name:** |  |
| **Student Number:** |  |
| **Residence Name:** |  |
| **Room Number:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |

|  |  |  |
| --- | --- | --- |
| **Please complete the following:** | **YES** | **NO** |
| 1. Do you require any assistance in vacating a building in an emergency?  * *If NO, you are not required to complete the rest of this form, please sign and return.* * *If YES, please complete the following questionnaire so that a PEEP may be arranged. Once this has been completed and agreed you will be required to sign that you will adhere to its contents.* |  |  |
| 1. I would you like to request a meeting to discuss arrangements  * *(If YES, we will contact you to arrange a suitable time and location).* |  |  |

I agree to inform the Disability Office of any change in circumstance which may have an impact on my ability to evacuate the building in an emergency:

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To determine your Evacuation (Egress) requirements please complete the following questionnaire by ticking the appropriate box(s)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1. **HEARING IMPAIRMENT** 2. Do you have a hearing impairment which affects your ability to hear a fire alarm in normal circumstances? 3. Have you ever required the assistance of alternative forms of fire alarms, such as a vibrating pillow, visible flashing alarm or personal pager? | q  q | q  q |
| 1. **VISUAL IMPAIRMENT** 2. Do you have a visual impairment which may slow your ability to exit a building in the event of a fire alarm? 3. Are you able to see fire and evacuation notices and instructions for emergency exit independently? 4. Do you require mobility assistance because of a visual disability from a guide dog? 5. Do you require information about fire and evacuation routines to be presented to you in an alternative accessible format necessary? | q  q  q  q | q  q  q  q |
| 1. **MOBILITY IMPAIRMENT** 2. Do you require the support of a personal assistant for physical access, for example a sighted guide, to open doors? 3. Do you have any form of mobility or physical impairment which may slow your exit from a building in any circumstances? 4. Do you use a manual and/or electric wheelchair? 5. Is the wheelchair required for all circumstances?  * I.e. can it be dispensed with for short periods?  1. In your opinion, would you be able to access a refuge e.g. stair case, from your room in under 3 minutes? 2. Would you find it acceptable to use a fire refuge (if required)? 3. Can you use an evacuation chair if required and would it help? 4. Do you think that any special staff training is required to give you the assistance that you would need in an emergency? Please provide further information below 5. Can you highlight any other problems / observations / solutions to ensure your safe egress? Please provide more detail in the further information box below 6. In an emergency, could you contact the person(s) in charge of evacuating the building in which you live and tell them where you are located? | q  q  q  q  q  q  q  q  q  q | q  q  q  q  q  q  q  q  q  q |
| 1. **MEDICAL OR HIDDEN DISABILITIES** 2. Do you have a medical or hidden disability which may impact on your ability to exit a building, for example a fatigue related condition, asthma, aspergers, heart condition or one which may require you to receive additional support or consideration in terms of fire and evacuation procedures? | q | q |
| 1. **FURTHER INFORMATION**   Please provide any further information that may not be covered in any of the above sections:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| --- | --- | --- | --- |
| FOR OFFICE USE ONLY |  | YES | NO |
| Date questionnaire received: |  |  |  |
| Name of staff receiving form: |  |  |  |
| Further evacuation plan required: |  | q | q |
| Date evacuation group emailed: |  | q | q |
| Notes: |  |  |  |
| Signed by: |  |  |  |