## uni logo

## Residential Services - Personal Emergency Evacuation Plan (PEEPs) Sign Off

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

|  |  |
| --- | --- |
| **The following people have been designated to assist evacuation in an emergency:** | |
| Name: |  |
| Room Number: |  |
| Telephone Number: |  |
|  |  |
| Name: |  |
| Room Number: |  |
| Telephone Number: |  |
|  |  |
| Name: |  |
| Room Number: |  |
| Telephone Number: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Please complete the following:** | **YES** | **NO** |
| 1. I have received a copy of my PEEP |  |  |
| 1. I have read understood and agree to adhere to the PEEP |  |  |
| 1. I require further training / instruction on the PEEP |  |  |
| 1. Has equipment required for an evacuation been identified and provided? |  |  |
| 1. I agree to inform Disability Office of any changes in my circumstances that may affect my ability to evacuate the building promptly. |  |  |

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