### uni logo

### Residential Services - Personal Emergency Evacuation Plan (PEEP)

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

1. **Arrangements for Fire Evacuation**

**METHODS OF ASSISTANCE (please list):**

* Transfer procedures such as transfer to refuge point by assistant / volunteer.
* Methods of guidance for mobility impaired student etc.,
* Provide warning device(s) (especially for the hard of hearing); use of guide dog; use of special equipment such as Evacuation-chairs by competent person(s); guidance

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1. **Specialist Equipment**

**EQUIPMENT PROVIDED (please list)**:

* Equipment or physical alterations provided to assist emergency evacuation e.g. Evacuation- chairs.

Special telephone lines; Personal deaf alerter; Flashing warning lights linked to fire alarms; Panic alarms

Mobile phones etc.

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1. **EGRESS PROCEDURE**:

A step by step account of how the disabled person will be evacuated – from hearing the first alarm to point of safety.

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1. **EQUIPMENT PROVIDED** (please list) Examples:-

Evac- chairs; special telephone lines; personal deaf alerter; flashing warning lights linked to fire alarms; panic alarms; mobile phones etc.

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1. **SAFE ROUTE(S) TO BE USED:**

This is normally determined by the general location of the disabled person within a building but should be flexible enough to cover options - e.g. fire blocks the normal emergency exit route.

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1. **People who will provide assistance during an evacuation:**

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| **Name** | **Role** | **Contact Number** |
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| 1. **Has training been provided for all those who require it? Yes q No q**   If YES, list details below: |

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| --- | --- | --- | --- |
| **Date** | **Type** | **Person attending** | **Date refresher due** |
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#### 7b. If training hasn’t been provided please list below action required:

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#### Maintenance, training, testing and record keeping – arrangements to maintain equipment provide to assist evacuation:

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| **Equipment** | **Located** | **Maintenance schedule** | **Maintained by** |
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1. **Arrangements to test and practice evacuation procedure – Records of tests and evacuation procedures undertaken is kept by:**

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| --- | --- |
| **Name:** |  |
| **Contact Number:** |  |
| **Date of next review:** |  |

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#### Record of consultation and communication: This PEEP has been prepared by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Signature** | **Date** |
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**In consultation with:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Signature** | **Date** |
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1. **Student Declaration:**

In order that an effective PEEP can be prepared for you it may be necessary to share some of the information provided with other relevant members of Swansea University i.e Security, Residential Services, Incident Controller and Evacuation Controller etc.

This information will be superseded by any member of the Emergency Services, who may choose to carry out an evacuation following an assessment of the situation.

I understand that these details will only be disclosed if they are required to meet the needs of my Personal Emergency Evacuation Plan.

**Signature: ……………………………………… Date: ………………………………..**