Personal Emergency Evacuation Plan

Department

Name of Staff/Student

Venues, times & days

Answering yes to either of the below questions requires the completion of the rest of this form:

In the event that it is necessary to evacuate the building for fire or other emergency will you:

1. Have difficulty hearing the fire alarm/evacuation alarm? Yes / No

2. Require assistance to leave the building, particularly if the lifts are not available and stairs have to be negotiated? Yes / No

Requirement:
(Select all appropriate)

<table>
<thead>
<tr>
<th>Wheelchair User</th>
<th>Breathing /Health Issues</th>
<th>Hearing Impaired</th>
<th>Learning Difficulties</th>
<th>Dexterity Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility Impaired</td>
<td>Visually Impaired</td>
<td>Orientation Disorders</td>
<td>Mental Health Problems</td>
<td>Other</td>
</tr>
</tbody>
</table>

Explain:

Escape Procedure:

Departmental Disability Liaison Officer or Nominated Person:

Review date:
This document must be shared with all departments where the above will be present.

CBoyle Sept 2013