



# FIRE SAFETY PERSONAL EMERGENCY EVACUATION PLANS



## Personal Emergency Evacuation Plan

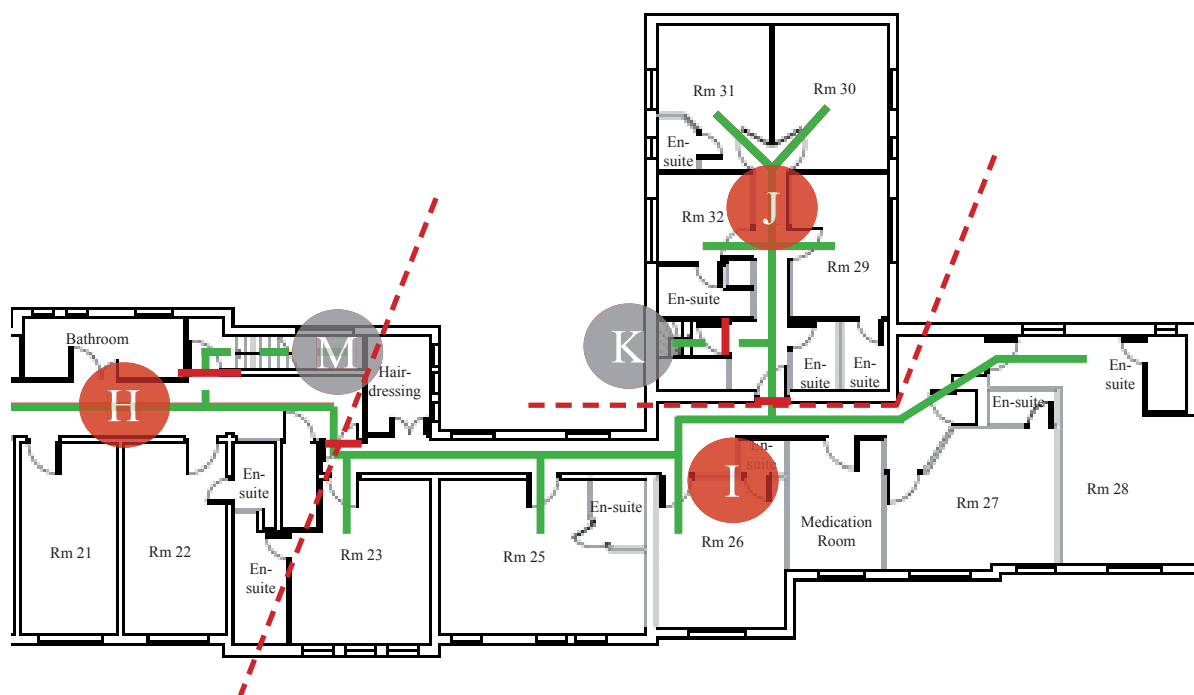
Each resident is required to have a Personal Emergency Evacuation Plan (PEEP). This will allow specific procedures to be followed should an evacuation of the building be necessary. The form should be completed in consultation with the resident and used in accordance with the procedures set out in the Emergency Evacuation Policy.

|                               |                |
|-------------------------------|----------------|
| <b>Apartment or Room No.:</b> | <b>ROOM 29</b> |
| <b>Resident's Name:</b>       |                |

## Personal Assessment

In the event of an evacuation, the resident should be able to reach a 'Protected Area' in a timely manner. The designated Protected Areas for this location are shown below.

|                             |                           |   |
|-----------------------------|---------------------------|---|
| Primary Protected Area:     | FIRST FLOOR ANNEXE WEST   | <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">H</div> |
| Alternative Protected Area: | GROUND FLOOR ANNEXE NORTH | <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">K</div> |



Please indicate what level of support the resident would need to achieve this.

|   |   |  |
|---|---|--|
|   | 1 person to guide   |  |
|   | 1 person with wheelchair                                      |  |
|   | 2 trained members of staff for transfer                       |  |
|   | 2 or more trained members of staff with specialist equipment* |  |
| *please specify any specialist equipment required |   |  |

|   |              |  |
|---|--------------|--|
| <b>PEEP completed by:</b><br>(print and sign) | <b>Date:</b> | <b>Review Date:</b> (this should be 6 months from the date of completion or if circumstances change) |
|---|--------------|--|

This document **MUST** be kept with the Resident's Care Plan, a colour photocopy of the signed form should also be kept in the Emergency Bag in the Front Entrance Hall.