

## PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

GENERAL DETAILS							
Staff / Student Name:							
Location:	Building/Facility:						
Floor:	Room Number:						
Phone:							
EVACUATION REQUIREMENTS							
Is an Assistance Animal involved?		Yes	No				
Is the occupant trained in the emergency respons	e procedures?	Yes	No				
Preferred method of receiving updates to the emergency response procedures: e.g. text, email, Braille							
Preferred method for notification of emergency:							
<u>Visual Alarm</u> <u>SMS</u>	Personal Vibrating Service	<u>Email</u>					
Additional Details:							
Type of assistance required:							
Equipment required for evacuation:							
Egress Procedure:							

Are your designated assistants trained in emergency response procedures (Including evacuation procedures)?	Yes	No
Are your designated assistants trained in the evacuation equipment?	Yes	No
Is a diagram required for preferred route for assisted evacuation? Please attach	Yes	No
<b>DESIGNATED ASSISTANTS</b> (NOTE: Number of designated assistants will differ for each PEEP)		

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Name	Phone		Location		
1.					
2.					
3.					
4.					
PEEP ISSUE & ACKNOWLEDGEMEN	IT				
Issue Date:	Review Date:				
Position:	Signatu	ire	ı	Date	Copy Received
Staff/Student:					
Chief Warden / Campus Safety & Security:					
Supervisor/Manager:					

A copy of the completed PEEP is also to be kept with the concerned individual, their supervisor, the floor/building warden and chief warden