

PEEP's are individualised emergency plans designed for mobility impaired occupants who may require assistance during an emergency.

To facilitate reference by Emergency Services, a copy of the PEEP should be kept with the relevant Warden and/or designated assistant and an additional copy kept in a central location which is readily accessible to the responding Emergency Service. The information on the PEEP shall be disseminated to all people responsible for its implementation.

OCCUPANT NAME:

PHONE/EXT:

MOBILE:

EMAIL:

COMPANY NAME:

BUILDING ADDRESS:

FLOOR NUMBER:

ROOM NUMBER:

IS AN ASSISTANCE ANIMAL INVOLVED?

Yes

No

IS THE OCCUPANT TRAINED IN THE EMERGENCY
RESPONSE PROCEDURES?

(INCLUDING THE EVACUATION PROCEDURES)

Yes

No

PREFERRED METHOD OF RECEIVING UPDATES TO THE EMERGENCY RESPONSE PROCEDURES:

(PLEASE STATE, E.G. TEXT, EMAIL, BRAILLE, ETC.)

PREFERRED METHOD OF NOTIFICATION OF EMERGENCY:

(PLEASE STATE, E.G. VISUAL ALARM, PERSONAL VIBRATING DEVICE, SMS, ETC.)

TYPE OF ASSISTANCE REQUIRED:

(PLEASE LIST PROCEDURES NECESSARY FOR ASSISTANCE)

EQUIPMENT REQUIRED FOR EVACUATION:

(PLEASE LIST)

EGRESS PROCEDURE:
(GIVE STEP BY STEP DETAILS)

ARE YOUR DESIGNATED ASSISTANTS TRAINED IN THE EMERGENCY RESPONSE PROCEDURES?
(including the evacuation procedures)

Yes

No

ARE YOUR DESIGNATED ASSISTANTS TRAINED IN THE USE OF THE EVACUATION EQUIPMENT?

Yes

No

DIAGRAM OF PREFERRED ROUTE FOR ASSISTED EVACUATION:
(PLEASE PROVIDE DIAGRAM)

Issue Date:

Review Date:

Occupant Approved:

Date:

(Signature)

Assistant/Warden:

Date:

(Signature)

Chief Warden

Date:

(Signature)