

Personal Emergency Evacuation Plan

Name:	Location (building, floor, room):
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Awareness of emergency procedures

I have received the emergency evacuation procedures:

In Braille		On Tape		In BSL	
In Print		In Large Print			

Alarm system

I am informed of an emergency evacuation by:

Existing alarm system		Pager/deaf alerter device	
Visual alarm system e.g. flashing light		Other (please specify)	

Designated assistance

The following people have been designated to give assistance when I need to get out of the building in an emergency

Name	Contact details

Methods of assistance (please list):

(Examples: Transfer to refuge point by the assistant/volunteer (especially those suffering from mobility problems); guide through normal exit route(s) (especially for the blind/partially sighted); provide warning device(s) (especially for the hard of hearing); use of guide dog; use of special equipment such as Evac-chairs by competent person(s); guidance to areas of safety by trained fire wardens, etc)

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)

Egress procedure:

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

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)

**Copy to: Relevant person, designated assistant(s), file.
This plan will be reviewed if any changes occur**