Personal Emergency Evacuation Plan

This form is to be used to assist the ECO in the notification and evacuation of disabled occupants and visitors from University premises.

Occupants Name

Location:

Building/Facility

Floor

Room Number

Is an Assistance Animal involved?  Yes ☐ No ☐

Are you 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 for 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.)

1.
2.
3.
4.
5.
6.
7.

Designated assistants and contact details:
(Please list name, phone number, mobile, email.)

Are your designated assistants trained in the emergency response procedures (including the evacuation procedures) Yes ☐ No ☐

Are your designated assistants trained in the evacuation equipment Yes ☐ No ☐

Diagram of preferred route for assisted evacuation:
(Please provide diagram.)

Issue Date: ..../..../.... Review Date: ..../..../....

Occupant approved: .......................... Date: ..../..../....

Signature

Chief Warden Approved: .......................... Date: ..../..../....

Signature