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| **PERSONAL EMERGENCY EVACUATION PLAN (PEEP)** |

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| **Name**: | Mr M Y Peep |
| **Student / Staff ID Number:** | 07998877 |
| **Buildings Covered by this plan:** | MIB |

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| **ALARM SYSTEM:** | | |
| I am informed of an emergency by: (tick all that apply) | | |
| Existing Alarm System |  | Any other notes or comments: |
| Visual Alarm System |  |
| Pager Device |  |
| My carer or buddy |  |
| Other: Please specify |  |

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| **DESIGNATED ASSISTANCE:** | | | |
| The following people have been designated to give assistance when I need to get out of a building: | | | |
| **Name(s)** | **Contact Phone Number** | | |
| 1. Ms Yy | 07xxxxxxx | | |
| 1. Mr Xy | 07xxxxxxx | | |
| We have decided on a pre arranged meeting points for all locations: | | **YES** | **NO** |
| MIB 4th floor | |  |  |

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| **EQIPMENT PROVIDED:** | | |
| I need to use the following equipment: (please tick all that apply) | | |
| ResQmat |  | Any other notes or comments:  Training needed? Y/N |
| Mechanical Hoist |  |
| Vibrating Pager (Deaf Alerter System) |  |
| Other: Please specify below |  |
| None required |  |

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| **I need the equipment as listed above to be available in the following places:**  MIB |

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| **CONFIRMATION OF USE OF EQUIPMENT** : | **YES** | **NO** |
| The use of the equipment I need has been explained to me |  |  |
| I would like further training on the use of evacuation equipment |  |  |

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| **EVACUATION PROCEDURE:** | |
| These are step by step instructions beginning from the sound of the first alarm: | |
| 1. | I receive a message on my vibrating pager / Flashing visual alarm that the fire alarm has been activated for the building I am in. |
| 2. | If I am in a group, I join up with Ms Yy (or in their absence, Mr Xy) and follow their lead in exiting to the assembly point. |
| 3. | If alone, I immediately leave the building using the nearest exit route (following the green signs), and make my way to the assembly point. |
| 4. | I inform an Evacuation Marshal (recognisable by a high visibility tabard), or Security that I am out of the building. |
| 5. | ALARM CEASES – WAIT FOR INSTRUCTIONS TO RE-ENTER BUILDING |
| 6. |  |

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| **AWARENESS OF PROCEDURE:** | | |
| I have received a copy of information about the emergency evacuation procedures in: | | |
| In Braille |  | Any other notes or comments:  Signed copy scanned via email |
| In British Sign Language |  |
| In print |  |
| In large print |  |
| On Disk |  |
| Other – see opposite | ✓ |

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| **CONFIRMATION OF RECIEPT AND USE OF PEEP:** | |
| I understand that I am responsible for keeping my PEEP as accurate as possible and drawing attention to changes in circumstance that should prompt a review.  The data provided by you on this form will only be available to University of Manchester staff, who may need to use it for the purpose of ensuring your health and safety whilst you are at the University.  It may also be shared with the emergency services if necessary. It will be stored in accordance to the Data Protection Policy.  I understand the above notice and give my consent to my data being shared as detailed above  My line manager or contact for this is: | |
| Signature of Staff/Student : | Signature of line manager / Academic Advisor |
| Mr M Y PEEP | Mrs Xyz |
| Date: | Date: |