Written PEEP form for Visitors

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| **Name of visitor** | **Name of staff member filling out this form** |
| **Contact Telephone Number:** | **Contact Telephone Number:** |
| **Mobile Telephone Number:** | **Mobile Telephone Number:** |
| **E-mail Address:** | **E-mail Address:** |
| **Information and Designated Assistance:**  |
| **Nature of disability:** (E.g. wheelchair user, sight impairment) |
| **Date(s) and time of day of visit:** |
| **Building(s) to visit:** |
| **I am informed of the emergency by**:

|  |  |  |  |
| --- | --- | --- | --- |
| Existing Alarm System | [ ]  | My carer or buddy\* | **[ ]**  |
| Visual Alarm System | [ ]  | Other (please specify below) | [ ]  |
| Pager Device | [ ]  |  |

**\*A “Buddy” should be a staff member appointed for the duration of the visit** |
| **Name and phone number of the “Buddy” appointed for assistance:**  |
| **Evacuation Equipment:**  |
| I need the following equipment, and the location / use of this equipment has been explained to me:

|  |  |  |  |
| --- | --- | --- | --- |
| Evac Chair or ResQmat (specify) | [ ]  | Not applicable  | [ ]  |
| Vibrating Pager (Deaf Alerter) | [ ]  | Other (specify) | [ ]  |

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| **Evacuation Procedure:**  |
| **The evacuation procedure is a step-by-step account beginning from the first alarm. The following is an example that might be appropriate for someone with a vision impairment who is unfamiliar with the building and whose exit involves stairs:**

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| **ALARM ACTIVATION** |
| **1** | Meet designated buddy or helper at prearranged location. |
| **2** | Move without delay to the nearest safe refuge. Helper will guide me by taking my arm, and will follow the green signs |
| **3** | Wait for the crowd of other evacuees to disperse, and carefully descend the stairs to the final exit and assembly point. |
| **4** | Report to one of the building’s evacuation marshals at the assembly point (they will be wearing high visibility jackets), or to a member of security staff.  |
| **ALARM CEASES – WAIT FOR INSTRUCTIONS TO RE-ENTER THE BUILDING** |

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| **Awareness and communication of the procedure:** |
| **I will need my personal emergency procedure to be communicated to me in:**

|  |  |  |  |
| --- | --- | --- | --- |
| In Braille | **[ ]**  | **Verbal Instruction**  | **[ ]**  |
| In British Sign Language | **[ ]**  | **In Print (specify font size)** | **[ ]**  |

 |
| **Other** |
| **If there is anything else that we need to know that would be relevant in an emergency situation, then please give details:** **Thank you!** |