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:**   |  |  | | --- | --- | | **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** | | |
| **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!** |