Personal Emergency Evacuation Plan (PEEP)

This Personal Emergency Evacuation Plan (PEEP) should be completed by the person responsible for fire safety, or their nominated representative, in collaboration with the individual it relates to. It records any physical, sensory, neurological, or medical conditions that may affect the individual's ability to evacuate the building safely. It sets out the agreed evacuation arrangements and any other actions to be put in place to reduce risk and support a safe, dignified evacuation in an emergency.

Assessment details

Individual's name: _____

Name of responsible person: _____

Business/company name: _____

Building name and address: _____

_____

_____

_____

Date of assessment: _____

Individual's condition (if known):	

Please select “Yes” or “No” for each question. For every “Yes” response, describe the action required to mitigate the risk, including any support or equipment that is required.

1. Physical Considerations

No.	Question	Yes	No	Mitigating Actions
1a.	In the event of evacuation, does the individual require any assistance or equipment to reach a place of safety?			
1b.	Does the individual require a hoist to be moved?			
1c.	Does the individual have any condition that may affect their ability to evacuate without assistance?			

2. Sensory Conditions

No.	Question	Yes	No	Mitigating Actions
2a.	Is the individual’s hearing significantly impaired?			
2b.	Does the individual have a significant visual impairment?			

3. Neurological Considerations

No.	Question	Yes	No	Mitigating Actions
3a.	Does the individual have any condition or impairment that may affect their ability to understand or carry out an evacuation?			
3b.	Is the individual likely to respond to a fire alarm in a way that may require supervision or assistance?			
3c.	Does the individual require encouragement, reassurance or assistance to evacuate when the fire alarm is activated?			

4. General Medical Considerations

No.	Question	Yes	No	Mitigating Actions
4a.	Is the individual taking medication that may affect their ability to evacuate?			
4b.	Is the individual dependent on any medical equipment that may delay or prevent evacuation?			
4c.	Does the individual have any medical condition that may affect their ability to evacuate safely?			
4d.	Does the individual have any respiratory conditions?			
4e.	Is the individual receiving end-of-life care, or do they have any medical condition or level of physical frailty that may make evacuation life-threatening?			

If YES, complete the section below:-

☐ A Personal Emergency Evacuation Plan (PEEP) has been agreed with the individual.

Details / Agreed Strategy:

Assistance required (including number of staff)

Assistance methods/techniques

Equipment provided

Step-by-step emergency evacuation procedure

Evacuation route(s)

Based on the information provided, the responsible person must assess the level of risk associated with the evacuation of each individual.

- ☐ **Low risk (independent):** The individual can evacuate the premises without assistance, or with minimal support.
- ☐ **Medium risk (dependent):** The individual requires some assistance due to mobility, sensory, or cognitive needs.
- ☐ **High risk (high dependency):** The individual is highly dependent on staff, and evacuation may be complex or pose a significant risk.

Individual's signature: _____

Individual's print name: _____

Responsible Person's signature: _____

Responsible Person's print name: _____

Date: _____

Date of next review: _____