## Personal Emergency Evacuation Plan (PEEP)

A PEEP describes the arrangement that need to be put in place to ensure that persons who need assistance can get to a place of safety in case of an emergency.

Each area of our building is different, and each person has different needs. Each person requires a PEEP form for each space they will use.

Please be aware that PEEP forms include those people with disabilities, reduced mobility, hearing reduced or no, reduced or no eye sight and any who is unable to safety evacuate the building without aid.

PEEP forms must be completed if a person in your event requires aid. The host should send a completed PEEP form back to the <a href="mailto:Office@salisburycentre.org">Office@salisburycentre.org</a> email.

If you would like to discuss the access requirements of your participants/client with their consent, please email <a href="mailto:office@salisburycentre.org">office@salisburycentre.org</a>

## **Personal Emergency Evacuation Plan**

Name of participant/client	
Contact details	
Name of host/facilitator	
Contact details	
Name of event	
Places complete as holow	
Please complete as below	
Date of completed PEEP	
Date of event	
Room(s) participant will be using	
<del></del>	
What is the nature of your access noo	ds that would affect you escaping from
•	is that would affect you escaping from
the building?	

Host must explain the emergency produces of the building to the individual (fire emergency procedure and map available in each room) including escape route. Fire emergency procedure available in advance. Please request information from: <a href="mailto:office@salisburycentre.org">office@salisburycentre.org</a>

Host to clarify what arrangements will be put in place to ensure you are aware an emergency alarm has been activated, no matter where in the building you are, and that you need to evacuate. An example of this could be a vibrating pager.	
Who will provide assistance?	
Contact Details	
If you require assistance in another way, please say how and where.	
The facilitator is to ensure those providing the assistance are aware of the procedure(s) and are competent to provide support required, including appropriate training where necessary.	
Facilitators signature	
Participants/client signature	
(electronic signatures are accepted)	