**EMERGENCY EGRESS QUERSTIONNAIRE FOR DISABLED PERSONS**

This questionnaire is intended to be completed by anyone who may require assistance or additional measures in order to evacuate a building in an emergency. This information will be important in the development of an appropriate ‘Personal Emergency Evacuation Plan’ (PEEP), therefore please provide as much information to enable the University to develop a suitable plan.

Once developed, the Plan will be the intended means of escape in the event of an emergency (including drills).

**Why you should fill in the form**

The University has a legal responsibility to protect you from fire risk and ensure your health and safety at work. The PEEP will be developed to meet that responsibility, based upon the information you provide.

**What will happen when you have completed the form?**

Where necessary, your specific circumstances will be discussed with you and any additional measures required to allow the emergency evacuation of the building(s) agreed.

Please answer the following:

|  |  |
| --- | --- |
| Are you: | Choose an item. |
| Name: | Click here to enter text. |
| Base Faculty/ Department: | Click here to enter text. |
| Telephone | Click here to enter text. |
| E-mail: | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Where are you based for most of the time (Please name the building and room number) | Click here to enter text. | | | |
| 2 | Do you routinely use more than one location in the building? Please select | Yes | ☐ | No | ☐ |
| If yes please | | Click here to enter text. | | | |

**Awareness of Emergency Evacuation Procedures** (Please select)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3 | Are you aware of the emergency evacuation procedures which operate in the building(s) you attend? | Yes | ☐ | No | ☐ |
| 4 | Do you require written or recorded emergency evacuation procedures? If **NO** please go to Question 5 | Yes | ☐ | No | ☐ |
| 4a | Do you require written emergency procedures to be supported by BSL interpretation? | Yes | ☐ | No | ☐ |
| 4b | Do you require the emergency evacuation to be in Braille? | Yes | ☐ | No | ☐ |
| 4c | Do you require an audio version of the emergency evacuation procedure? | Yes | ☐ | No | ☐ |
| 4d | Do you require the emergency evacuation procedures to be in large print? | Yes | ☐ | No | ☐ |
| 5 | Are the signs which mark emergency routes and exits clear enough for you? | Yes | ☐ | No | ☐ |

**Emergency Alarms**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6 | Can you hear the fire alarm(s) in your place(s) of work or study? | Yes | ☐ | No | ☐ |
| 7 | Could you raise the alarm if you discovered a fire in your place(s) of work or study? | Yes | ☐ | No | ☐ |

**Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 8 | Do you need assistance to get out in an emergency? (If NO go to question 12) | Yes | ☐ | No | ☐ |
| 9 | Is anyone designated to assist you to get out in an emergency? (If NO please go to question 11. If YES give name(s) and location(s) | Yes | ☐ | No | ☐ |
| Click here to enter text. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 | Is the arrangement a formal arrangement? (a formal arrangement is one specified by the Dean/ Head of Faculty/ Department) | Yes | ☐ | No | ☐ |
| 10a | Are you always in easy contact with those designated to help you? | Yes | ☐ | No | ☐ |
| 11 | In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them were you were located? | Yes | ☐ | No | ☐ |

**Getting Out**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 12 | Can you move reasonably quickly in the event of an emergency? | Yes | ☐ | No | ☐ |
| 13 | Do you find stairs difficult to use? | Yes | ☐ | No | ☐ |
| 14 | Are you a wheelchair user? | Yes | ☐ | No | ☐ |

Thank you for completing this questionnaire. The information you have given us will help us to meet any needs for information or assistance you may have.

|  |  |
| --- | --- |
| Please return this completed form to: | [accom@southwales.ac.uk](mailto:accom@southwales.ac.uk) |

To be completed by the Faculty/ Departmental identified person or Departmental Health and Safety Co-ordinator. **(May require a plan for more than one building)**

**PERSONAL EMERGENCY EVACUATION PLAN FOR**

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Department: | Click here to enter text. |
| Building: | Click here to enter text. |
| Room Number: | Click here to enter text. |

**Awareness of Procedure**

The disabled person is informed of a fire evacuation by: (please select)

|  |  |
| --- | --- |
| Existing alarm system | ☐ |
| Pager Device | ☐ |
| Visual Alarm | ☐ |
| Other (Please specify) | ☐ | Click here to enter text. |

**Designated Assistance:**

(The following people have been designated to give me assistance to get out of the building in an emergency)

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Contact Details: | Click here to enter text. |
| Name: | Click here to enter text. |
| Contact Details: | Click here to enter text. |
| Name: | Click here to enter text. |
| Contact Details: | Click here to enter text. |
| **Method(s) of Assistance: (e.g. Transfer procedure, methods of guidance, etc)**  Click here to enter text. | |

|  |
| --- |
| **Equipment Provided: (including any means of communication):** |
| Click here to enter text. |

|  |
| --- |
| **Evacuation Procedure (a step by step account beginning from the first alarm):** |
| Click here to enter text. |

|  |
| --- |
| **Safe Route(s):** |
| Click here to enter text. |

|  |  |
| --- | --- |
| Singed: (Department Representative) | Click here to enter text. |
| Signed: (Subject) | Click here to enter text. |
| Date: | Click here to enter a date. |