



Personal Emergency Evacuation Plans (PEEPS) 2009/10

EMERGENCY EGRESS QUESTIONNAIRE FOR PEOPLE WITH DISABILITIES .

As part of our emergency evacuation procedures we need to ensure that all residents are able to leave their accommodation safely at all times of day and night. We understand that many disabled people will be able to leave the building unaided; however some may require assistance. Therefore, we would like you to complete this questionnaire and return it to us so it can assist in the development of a Personal Emergency Evacuation Plan (PEEP) if required.

The plan will explain what options you wish to take in the event of a fire evacuation. The plan will also state who is designated to assist you in your escape should you require this.

Residents Name:

Date questionnaire completed:

Contact details:

Degree Course:

Commencement date:

Resident Tutor:

Ops Team Leader:

LOCATION

1. Where is your accommodation ?

Building:

Floor:

Room number:

AWARENESS OF EMERGENCY EGRESS PROCEDURES

2. Are you aware of the emergency egress procedures which operate in the building(s) you use?

YES

NO

3a. Do you require written emergency egress procedures?

YES

NO

b. Do you require written emergency procedures to be supported by BSL interpretation?

YES

NO

c. Do you require the emergency egress procedures to be in Braille?

YES

NO

d. Do you require the emergency egress procedure to be on tape?

YES

NO

e. Do you require the emergency egress procedures to be in large print?

YES

NO



4. Are the signs which mark emergency routes and exits clear enough?

YES

NO

EMERGENCY ALARM

5. Can you hear the fire alarm(s) in your room ?

YES

NO

DON'T KNOW

6. Could you raise the alarm if you discovered a fire?

YES

NO

DON'T KNOW

ASSISTANCE

7. Do you need assistance to get out of your room in an emergency?

YES

NO

DON'T KNOW

If **NO** please go to Question 10

8. Is anyone designated to assist you to get out in an emergency?

YES

NO

DON'T KNOW

If **NO** please go to Question 10. If **YES** give name(s) and location(s)

9a. Is the arrangement with your assistant(s) a formal arrangement?

YES

NO

DON'T KNOW



9b. Are you always in easy contact with those designated to help you?
YES NO DON'T KNOW

9c. What arrangements exist if the people designated to assist you are not available ?

GETTING OUT

10. Could you evacuate your room without assistance, and within five minutes of a alarm sounding, at any time of the day or night?

YES NO

11. Do you find stairs difficult to use?

YES NO

12. Are you a wheelchair user?

YES NO

13. Are you a temporary wheelchair user?

YES NO

14. Could you slide down the stairs ?

YES NO

15. Is there anything else we need to be aware of when assessing your need for a PEEP?

YES NO

If 'YES' please provide details:



Thank you for completing this questionnaire.

Please return the completed form to **acc-ug-new@rt.bath.ac.uk** or by post to: Student Accommodation Office, 6 West, University of Bath, Bath, BA2 7AY

We will utilise the information you have provided to either provide you with further information or prepare an initial PEEP for discussion with you. On completion you will receive a copy of the plan along with those individuals who are part of it. It will also be held by the Student Accommodation Office, Health & Safety department and Resident Tutors.

Accommodation office use:

PEEP required YES/NO. PEEP completed YES/NO

Information required YES/NO Information provided YES/NO

Date..... Signature.....

Position.....

PEEP copies to: Student Accommodation Co-ordinator
 Security
 Senior Resident Tutor
 Operations Co-ordinator
 Student/Guest
 Ops Team Leader

