Emergency Evacuation Questionnaire 

CONFIDENTIAL ONCE COMPLETED

**PART A: To be completed by the person requiring a PEEP.**

**This form is PRIVATE AND CONFIDENTIAL. Any information that you give will not be discussed with others without your consent and knowledge. All the information will be dealt with properly, however it is collected, recorded and used, in line with Data Protection legislation. Please complete and return this form as directed.**

Please complete the following sections as fully as possible in your own words.

Impairment disclosed /other information of relevance:

|  |  |  |
| --- | --- | --- |
| **Impairment** | **Level / examples** | **Notes** |
| Mobility | Impaired/wheelchair |  |
| Temporary/permanent |  |
| Hearing | Impaired/deaf |  |
| Vision | Impaired/blind |  |
| Stick/guide dog |  |
| Epilepsy | Triggered by strobes/sirens |  |
| Cognitive | Dyslexia / dyspraxia / autism |  |
| Pregnancy | X months |  |
| Respiratory | COPD, Asthma |  |
| Musculoskeletal | Such as back injuries |  |
| Cardiovascular | Angina, Coronary artery disease |  |
| Neurological | Multiple Sclerosis, Cerebral Palsy, Parkinson’s |  |
| Other | Please specify: |  |

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**PART A (CONT.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:** | | | | | |
| **JOB TITLE:** | | | | | |
| **BRIEF DESCRIPTION OF WORK:** | | | | | |
| **LINE MANAGER:** | | | | | |
| **LOCATION** | | | | | |
| 1 | Where are you based for most of the time? Please name exact location i.e. building, the floor, room number: | | | | |
| 2 | Do you routinely use more than one location in the building in which you are based?  If yes, give details below: | | **YES** | | **NO** |
|  | |  |
| 3 | Will your job take you to different/other buildings?  If yes, give details below: | | **YES** | | **NO** |
|  | |  |
| **AWARENESS OF EMERGENCY EVACUATION PROCEDURES** | | | | | |
| 4 | Are you aware of the emergency evacuation procedure which operate in the building(s) in which you work? | | **YES** | | **NO** |
|  | |  |
| 5 | Do you require emergency evacuation procedures (tick as applicable):  in writing In large print in Braille on tape  to be supported by British Sign Language  other(please specify): | | | | |
| **EMERGENCY ALARMS** | | | | | |
| 6 | Can you hear the fire alarms provided in your place(s) of work?  If no, please specify why: | **DON’T KNOW** | **YES** | | **NO** |
|  |  | |  |
| 7 | Could you raise the alarm if you discovered a fire?  If no, please specify why: | **DON’T KNOW** | **YES** | | **NO** |
|  |  | |  |
| 8 | Are the signs that mark the emergency exits and the routes to the exits clear enough?  If no, please specify why: | **DON’T KNOW** | **YES** | | **NO** |
|  |  | |  |
| **ASSISTANCE** | | | | | |
| 9 | Do you require assistance to get out of your place(s) of work in emergency?  If **NO**, please go to question **12**. | **DON’T KNOW** | **YES** | **NO** | |
|  |  |  | |
| 10 | Is anyone designated to assist you to get out in an emergency? If **YES**, please give a name(s), location(s) and contact details of assistance: | **DON’T KNOW** | **YES** | **NO** | |
|  |  |  | |
| 11 | In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and inform them where you were located?  If **NO**, please specify why: | **DON’T KNOW** | **YES** | **NO** | |
|  |  |  | |
| **GETTING OUT** | | | | | |
| 12 | Can you move quickly in the event of an emergency? | **DON’T KNOW** | **YES** | **NO** | |
|  |  |  | |
| 13 | Do you find stairs difficult to use? | **DON’T KNOW** | **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 the completed form to your line manager.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_