PEEP’s are individualised emergency plans designed for mobility impaired occupants or visitors who may require assistance during an emergency. To facilitate reference by Emergency Services, a copy of the PEEP should be kept with the relevant Warden and/ or designated assistant.

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| **Personal Details** |
| Occupant name |  |
| Building address/floor/room number |  |
| Phone/Ext |  |
| Mobile |  |
| Email |  |
| Is and Assistance Animal involved? |  |
| Is the occupant trained in emergency response procedures (including evacuation procedures?) |  |

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| **Emergency Response** |
| Preferred method of receiving updates to the emergency response procedures:(Please state, e.g. text, email, Braille, etc.) |  |
| Preferred method of Notification of Emergency: (Please state, e.g. visual alarm, personal vibrating device, SMS, etc.) |  |
| Type of assistance required: (Please list procedures necessary for assistance) |
|  |
| Equipment required for evacuation: (Please list) |
|  |
| Egress procedure: (Give step by step details) |
|  |
| Designated assistants/wardens and contact details: (Please list name, phone, mobile, email.) |
|  |
| Are your designated assistants trained in the emergency response procedures? (Including the evacuation procedures) |  |
| Are your designated assistants trained in the use of the evacuation equipment? |  |

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| **Diagram** |
| Insert:1) The location of the person who requires assistance, and2) The path of travel to a place of safety.This diagram will ONLY be relevant to an individual and their location within the building and a generic diagram CANNOT be inserted. |
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| **Review and Accountability** |
| Issue date |  | Review date |  |
| Occupant approved |  | Date |  |
| Warden name |  | Supervisor name |  |
| Warden signature |  | Supervisor signature |  |
| Date |  | Date |  |

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| ***Records Storage Instructions*** |
| *Please forward this completed form to* *whs@une.edu.au* *for review and records retention in TRIM Container A17/751.* |