PERSONAL EMERGENCY EGRESS PLAN FOR MEMBERS & VISITORS



This form is to be completed as soon as possible, by the Company Secretary or membership secretary, and from information obtained from the person.

This is to allow efficacy of the plan to be assessed and adjusted where necessary, and for us to embed the plan within the wider evacuation strategy.

PERSONAL DETAILS

Name		
Date of issue		
Emergency contact number		
Times applicable		
Nature of disability or impairn	nent	
(broad description only, i.e. wheelchair user, hearing or sight impairment, cannot descend stairs without help etc.)		

PERSONAL AWARENESS OF PROCEDURES:

Knows how to raise the alarm	Select	Explanation (if necessary) ¹
Will know when alarm raised	Select	Explanation (if necessary) ²
Knows how to exit	Select	Explanation (if necessary)
Knows where to assemble	Select	Explanation (if necessary)

EGRESS PROCEDURE:

Details to be provided here of the specific emergency procedures agreed from first alarm up to the arrival at the agreed external assembly point. The details provided should include a step-by-step account of the process. It should identify any persons nominated to assist, agreed safe routes, any refuges or equipment that are part of the plan along with agreed communication methods.

Where physical assistance is required, it should not rely on others having to travel to the building which might result in unnecessary delay and risk of serious harm.

¹ For instance, is able to access and operate fire alarm break glass units, use phone or will verbally inform....

² For instance, if a vibrating pager is used or reliant on colleagues to inform.

Where the plan relies on protection by the buildings structural features and installed systems (such as fire resisting construction), advice should be sought from the Landlord. **DESIGNATED ASSISTANCE:** Where applicable, the following people have been designated to give assistance to the person this plan applies to. Name: Role Contact details / phone number: Name: Role: Contact details / phone number: Designated assistants have been / will be briefed on the emergency procedures Select SIGN-OFF: **Building User** (Consenting for distribution) **Assessor** (print name and sign)

IMPORTANT

THIS PLAN MUST BE REVIEWED ANNUALLY OR UPON ANY MATERIAL CHANGE OF CIRCUMSTANCE IFSOONER.

ENSURE THE SECRETARY IS NOTIFIED WHEN THE PLAN IS NO LONGER REQUIRED.