APARTMENT Personal Emergency Evacuation Plan

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| --- | --- | --- | --- |
| **Date** | Date | **Resident** | Enter name |
| Prepared By | PEEP Author | Floor/Apartment # | Floor and Apartment # |
| Contact # | Contact number | Address | Address Line 1 |
| Organisation | Enter Organisation Name | Address Line 2 |
| Contact Name | Enter Contact name | Date of occupation | Enter the Date resident moved in |
| Contact # | Enter Contact number | Next Review | Enter the Date of the Next Review |

### Emergency Services SUMMARY

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| **Summary for Emergency Services** |
| Please provide a brief description of the apartment resident, their location and what assistance is required.  Provide a brief description of the resident’s disability and what assistance is needed to evacuate.  Detail any special considerations for the resident with disability, i.e., they use a respirator/ may be injured when lifting/ unable to sit up  Detail safety equipment that may be provided, including smoke masks, evacuation chairs and sleds and where they are located. |

### Evacuation Requirements

|  |  |
| --- | --- |
| **Building and Structure Summary** | |
| Enter building and structure summary from the questionnaire | |
| **Occupants Physical Considerations** | |
| Enter the resident with disability's physical considerations from the questionnaire | |
| **Occupant Neurological/Cognitive Considerations** | |
| Enter the resident with disability's Neurological/Cognitive considerations from the questionnaire | |
| **Occupants' General Medical Considerations** | |
| Enter the resident with disability's General Medical Considerations from the questionnaire | |
| **Evacuation Assistance** | |
| In an evacuation, will anyone be able to assist in evacuating the resident with disability?  If the Evacuation Route includes stairs, provide details on how the resident with disability will be transferred from their bed or wheelchair into a Stairway Evacuation Device and out of the building.  Will life safety equipment such as a respirator need to be taken out of the building? | |
| **Waiting for Evacuation** | |
| Based on the building classification and whether fire sprinklers have been provided, can the resident with disability wait in place for emergency personnel? (To be confirmed by the building owner)  If a wait-in-place strategy is adopted, will equipment such as smoke masks be required to prevent inhalation of toxic smoke? | |
| **Evacuation Route** | |
| Provide details of the Exit Route Procedure (starting from when the alarm is raised to the final exit of the building). Ensure all safe routes that can be used are included: (consider attaching a building plan with all routes marked). An evacuation Chair or Evacuation Sled may be required if the evacuation route involves descending stairs. | |
| **Evacuation Equipment (if applicable)** | |
| Provide details of who has been trained in the use of evacuation devices.  NOTE: Evacuation devices may need to be provided within the resident with disability's room or apartment for their exclusive use. | |
| **Final Check** | |
| Have the resident and the responsible person/s travelled the evacuation route(s)? | Yes/No |
| Has a copy of the exit route been attached? | Yes/No |
| Has the equipment detailed above been fully tested and regularly maintained? | Yes/No |
| Have any identified issues been satisfactorily resolved? | Yes/No |
| Has a copy of this form been sent to the building manager responsible for evacuation planning? | Yes/No |
| Has a copy of this form been placed in the Fire Indicator Panel or External Switchboard? | Yes/No |
| What was the date of the last practice evacuation? | / / |
| What Is the date of the next practice evacuation? | / / |
| Place a copy of this document within the fire indicator panel or switchboard. | |

### …………………………………………………. ……………………….

### Signed Date

### …………………………………………………. ………………………………………………….

### Position Organisation