**Section A - General Information**

***(To be completed in conjunction with PEEPs Process Quick Guide)***

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **School** |  |
| **Course** |  |

|  |  |
| --- | --- |
| **Buildings typically used:** | |
|  | |
| **On campus teaching timetable:** | |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Saturday** |  |
| **Sunday** |  |
|  | |
| **Areas in use out of normal hours:** | |
|  | |
| **Location and floor levels in respective buildings:** | |
|  | |
| **Use and location of preferred catering facilities:** | |
|  | |

**Section B - Personal Information**

|  |  |
| --- | --- |
| **Question** | **Yes or No** |
| Do you have a full time personal assistant? |  |
| Can you see visual alarm signals? |  |
| Can you hear audible alarm signals? |  |
| Can you use stairs safely in an emergency? |  |
| Would you use the stairs without assistance? |  |
| Can you follow exit signage without assistance? |  |

|  |
| --- |
| **Do you use a wheelchair and /or any other device to aid your mobility?**  **If yes please describe:-** |
|  |
| **If you use a wheelchair is it manual or electric:** |
|  |
| **If using any electrical aid, does it require charging on campus:** |
|  |
| **Will you use your wheelchair at all times while you are at University?** |
|  |
| **Are there any other measures that could be introduced that would further aid your evacuation in an emergency:-** |
|  |

**Section C – Actions and Sign Off**

|  |  |
| --- | --- |
| **Actions to be completed** | **Date completed** |
|  |  |

|  |  |
| --- | --- |
| **This PEEP has been carried out in conjunction with:** | |
| **Name** | **School/Directorate Representing** |
| John Smith | School of … |
| **Date:** | |
| **Date of next review:** | |

|  |  |
| --- | --- |
| **Signature of person covered by PEEP:** |  |
| **Signature of person responsible for PEEP:** |  |