

FIRE SAFETY PROFESSIONAL PEEP ASSESSMENT TEMPLATE

Technical Building Assessment | Regulatory Reform (Fire Safety) Order 2005 | Equality Act 2010.

About this Assessment

This template is designed for fire safety professionals conducting technical assessments of PEEP provision in buildings. It evaluates building capability, identifies gaps, and provides a framework for recommending control measures.

This assessment should be completed as part of the fire risk assessment under Article 9 of the Regulatory Reform (Fire Safety) Order 2005, which requires specific consideration of persons who may require assistance to evacuate.

Professional competence in accessibility and inclusive emergency egress is essential for completing this assessment. Refer to BS 9999:2017, PAS 79-1/79-2:2020, and relevant guidance.

Section 1 — Premises Information

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| Premises name and address: | |
| Building type and use (office, residential, healthcare, educational, etc.): | |
| Number of storeys (above and below ground): | |
| Construction type and approximate age: | |
| Maximum occupancy (by floor if variable): | |
| Responsible Person (name, role, contact): | |
| Assessment date: | |
| Assessor name and qualifications: | |

Section 2 — Population Analysis

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|--|---|
| Number of persons identified as requiring or potentially requiring PEEPs: | |
| Categories of persons requiring assistance: | <input type="checkbox"/> Wheelchair users (___) <input type="checkbox"/> Mobility impaired (walking aids, slow movement) (___) <input type="checkbox"/> Deaf or hard of hearing (___) <input type="checkbox"/> Blind or visually impaired (___) <input type="checkbox"/> Cognitive/learning disabilities (___) <input type="checkbox"/> Temporary conditions (pregnancy, injury) (___) <input type="checkbox"/> Other (specify): _____ |
| Distribution by floor (identify highest-risk floors): | |
| Predictable vulnerabilities (care home residents, hospital patients, etc.): | |
| Unpredictable vulnerabilities (visitors, contractors, public access): | |
| Time-varying needs (shift patterns, evening/weekend occupancy): | |
| Individual PEEPs currently in place (number and quality): | |

Section 3 — Detection and Alarm Systems

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| Fire alarm system type and category (e.g., L1, L2, P1 per BS 5839-1): | |
| Alarm audibility adequate throughout? | <input type="checkbox"/> Yes — minimum 65 dB(A) or 5 dB above ambient verified <input type="checkbox"/> No — areas with inadequate audibility: _____ |
| Visual Alarm Devices (VADs) installed per BS 5839-1:2017? | <input type="checkbox"/> Yes — compliant VADs throughout <input type="checkbox"/> Partial — VADs in: _____ <input type="checkbox"/> No — VADs required in: _____ |
| VAD coverage assessment (flash rate, light output, spacing, synchronisation): | |
| Voice alarm system installed? If yes, speech intelligibility (STI) tested? | |
| Personal alert systems (vibrating pagers, text alerts) available? | |
| Detection system maintenance records current and compliant? | |
| Overall detection/alarm compliance rating: | <input type="checkbox"/> Fully compliant <input type="checkbox"/> Partially compliant <input type="checkbox"/> Non-compliant |
| Recommendations for detection/alarm improvements: | |

Section 4 — Means of Escape Assessment

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| Number of escape routes and final exits: | |
| Minimum corridor/route width measured (minimum 1050mm for wheelchairs): | |
| Door opening widths (minimum 850mm clear width for wheelchairs): | |
| Door opening forces tested (maximum 30N for fire doors on escape routes): | |
| Floor surface conditions (slip resistance, firmness, trip hazards): | |
| Threshold heights and ramps (max 15mm exposed; 1:20 gradient if ramped): | |
| Stair design (width, rise/going, handrails both sides, contrast markings): | |
| Wayfinding and signage (visibility, pictograms, contrast, tactile elements): | |
| Emergency lighting adequacy (minimum 1 lux on escape routes): | |
| Escape routes clear and maintained? | <input type="checkbox"/> Yes — all routes clear <input type="checkbox"/> No — obstructions noted: _____ |
| Recommendations for means of escape improvements: | |

Section 5 — Vertical Circulation and Evacuation Strategy

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| Current evacuation strategy: | <input type="checkbox"/> Simultaneous (everyone evacuates immediately) <input type="checkbox"/> Phased (staged floor-by-floor evacuation) <input type="checkbox"/> Stay-put (compartmentation strategy) <input type="checkbox"/> Progressive horizontal (move to adjacent compartment) |
| Is current strategy appropriate for vulnerable occupants? | <input type="checkbox"/> Yes <input type="checkbox"/> No — concerns: <hr/> |
| Compartmentation integrity (visual inspection, tested assemblies, fire-stopping): | |
| Fire door condition and maintenance (gaps, seals, closers, vision panels): | |
| Lift provision: | <input type="checkbox"/> Evacuation lift per BS EN 81-72:2015 (firefighting lift used for evacuation) <input type="checkbox"/> Firefighting lift only (not designated for evacuation) <input type="checkbox"/> Standard lift only (not for emergency use) <input type="checkbox"/> No lifts |
| If evacuation lift: protocols, training, capacity, testing regime assessed? | |
| Evacuation time modelling conducted (RSET vs ASET analysis)? | |
| Recommendations for vertical circulation/strategy improvements: | |

Section 6 — Refuge Provision

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|--|---|
| Refuges provided on upper floors? | <input type="checkbox"/> Yes — number and floors: _____ <input type="checkbox"/> No — required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refuge locations (adjacent to protected stairs? accessible without entering stairs?): | |
| Refuge size and capacity (minimum 900mm x 1400mm per wheelchair user): | |
| Clear floor space unobstructed by services, equipment, or storage? | |
| Fire resistance adequate (minimum 30 minutes, preferably 60 minutes)? | |
| Two-way communication system installed and functional? | <input type="checkbox"/> Yes — complies with BS 5839-9:2021 <input type="checkbox"/> Partial — issues: _____ <input type="checkbox"/> No — not installed |
| Communication connects to manned location? Visual indication at control point? | |
| Refuge signage, emergency lighting, and identification adequate? | |
| Recommendations for refuge provision/improvements: | |

Section 7 — Evacuation Equipment

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|--|--|
| Evacuation equipment provided: | <input type="checkbox"/> Evacuation chairs (___) on floors: _____ <input type="checkbox"/> Wheelchairs (___) <input type="checkbox"/> Evacuation sheets/sleds (___) <input type="checkbox"/> Bariatric equipment (___) <input type="checkbox"/> None provided |
| Equipment quantity adequate for population at risk (calculation basis): | |
| Equipment suitable for building (stair width, configuration, weight capacity)? | |
| Equipment storage locations (accessible 24/7? clearly signed? adjacent to stairs?): | |
| Equipment maintenance regime (inspection frequency, records, testing): | |
| Equipment condition (visual check: damage, wear, functionality): | |
| Staff trained in equipment use? | <input type="checkbox"/> Yes — number trained: ___ Training records current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No — no trained staff |
| Recommendations for evacuation equipment provision/improvements: | |

Section 8 — Management Systems and Procedures

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|---|---|
| Written PEEP policy in place? | <input type="checkbox"/> Yes — reviewed within 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No policy |
| PEEP coordinator or responsible person designated? (name and competence): | |
| Individual PEEPs completed for identified persons? Quality adequate? | |
| Central PEEP register maintained? Up-to-date and accessible? | |
| Staff training programme (all staff, fire wardens, buddies, managers): | |
| Fire drill frequency and PEEP testing (are PEEPs tested during drills?): | |
| Drill documentation and post-drill analysis (lessons learned, action plans): | |
| Staffing adequate at all times (nights, weekends, to implement all PEEPs)? | |
| Recommendations for management system improvements: | |

Section 9 — Gap Analysis and Risk Rating

Identify critical gaps where building capability does not meet population needs. Use the risk matrix to prioritise actions: Likelihood (High/Medium/Low) vs Consequence (Severe/Moderate/Minor). Critical = High Likelihood + Severe Consequence.

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| CRITICAL GAPS IDENTIFIED (immediate action required): | |
| HIGH-PRIORITY GAPS (action within 30 days): | |
| MEDIUM-PRIORITY GAPS (action within 90 days): | |
| LOW-PRIORITY GAPS (action within 12 months): | |
| Overall PEEP provision risk rating: | <input type="checkbox"/> Low risk — minor improvements only <input type="checkbox"/> Medium risk — improvements needed, manage residual risk <input type="checkbox"/> High risk — significant action required urgently <input type="checkbox"/> Critical risk — immediate action/enforcement consideration |
| Justification for overall risk rating: | |

Section 10 — Recommended Control Measures

Apply the hierarchy of controls: (1) Eliminate risk, (2) Substitute with lower-risk alternative, (3) Engineering controls, (4) Administrative controls, (5) PPE/equipment. Each recommendation should specify: what action, who is responsible, timescale, and expected outcome.

ELIMINATION measures (remove vulnerable persons from high-risk areas):

SUBSTITUTION measures (alternative lower-risk arrangements):

ENGINEERING CONTROLS (physical building/system modifications):

ADMINISTRATIVE CONTROLS (PEEPs, training, procedures, drills):

EQUIPMENT measures (evacuation chairs, VADs, communication systems):

RESIDUAL RISK after controls implemented (is it ALARP?):

Section 11 — Action Plan

| Action Required | Responsible Person | Timescale | Priority | Status |
|-----------------|--------------------|-----------|----------|--------|
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Section 12 — Professional Opinion and Sign-Off

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| Overall assessment of PEEP provision (summary of findings): | |
| Regulatory compliance status (Fire Safety Order, Equality Act, Building Regs): | |
| Further specialist input recommended (fire engineer, access consultant, other)? | |
| Fire and Rescue Authority liaison recommended? | |

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| Next review date for this assessment: | |
|--|--|

Fire Safety Professional Sign-Off

I confirm that this assessment has been conducted competently and to the best of my professional knowledge. The recommendations are based on current regulations, standards, and guidance.

Assessor name: _____

Professional qualifications/registrations: _____

Signature: _____

Date: _____

This assessment template is provided for fire safety professionals. It should be completed as part of a comprehensive fire risk assessment under Article 9 of the Regulatory Reform (Fire Safety) Order 2005.