

WORKPLACE PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Equality Act 2010 | Regulatory Reform (Fire Safety) Order 2005

About this PEEP

A Personal Emergency Evacuation Plan (PEEP) is a bespoke plan for an employee who may require additional support to evacuate the workplace safely during a fire or other emergency.

Under the Equality Act 2010, employers must make reasonable adjustments for disabled employees. Under the Regulatory Reform (Fire Safety) Order 2005, the Responsible Person must ensure all occupants can evacuate safely.

This PEEP must be reviewed at least annually, or whenever the employee's circumstances change, and should be tested regularly during fire drills.

Part A — Employee Details

Employee name:	
Job title and department:	
Usual work location(s):	
Work pattern (days/hours/shifts):	
Employee contact number:	
Emergency contact details:	

Part B — Disability/Health Information

This information is confidential and will only be shared with those who need to know for safety purposes

(designated buddies, fire wardens, line manager). The employee's explicit consent is required before sharing.

Nature of disability or health condition affecting evacuation:	
How this affects ability to evacuate independently:	
Is the condition permanent or temporary? If temporary, expected end date:	

Part C — Fire Alarm Awareness

Can the employee hear the standard fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what alternative alert method is needed?	
Alternative alert equipment required (e.g., visual alarm device, vibrating pager, buddy notification):	

Part D — Evacuation Assistance Required

Can the employee evacuate independently without assistance?	<input type="checkbox"/> Yes — proceed to Part I <input type="checkbox"/> No — assistance required, continue below
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What type of assistance is required?	<input type="checkbox"/> Verbal guidance only <input type="checkbox"/> Physical support (arm/guiding) <input type="checkbox"/> Wheelchair assistance <input type="checkbox"/> Evacuation chair down stairs <input type="checkbox"/> Carrying (multiple assistants)
Specific evacuation method and any special considerations:	
Estimated evacuation time (for planning purposes):	

Part E — Evacuation Routes

Primary evacuation route from main work location:	
Alternative route(s) if primary route blocked:	
Routes from other frequently used areas (meeting rooms, toilets, breakrooms):	
Assembly point location:	

Part F — Designated Buddies/Personal Assistants

Minimum of TWO designated buddies should be appointed to ensure coverage during absences. Buddies must be willing volunteers who work similar hours and have received appropriate training.

Primary buddy — name, job title, contact number:	
Secondary buddy — name, job title, contact number:	
Specific actions buddies should take during evacuation:	
What to do if both designated buddies are unavailable:	

Part G — Equipment Requirements

Equipment needed for safe evacuation:	<input type="checkbox"/> Evacuation chair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking frame/mobility aid <input type="checkbox"/> Visual alarm device (VAD) <input type="checkbox"/> Vibrating pager <input type="checkbox"/> Other (specify): _____
Where is equipment stored and who has access:	
Who has been trained to use the equipment:	
Equipment maintenance schedule and responsible person:	

Part H — Refuge Areas (if applicable)

Refuges are fire-resistant areas where people can wait temporarily for assistance if they cannot evacuate immediately. Complete this section only if refuges are available and will be used as part of this PEEP.

Will a refuge area be used as part of this evacuation plan?	<input type="checkbox"/> Yes — complete below <input type="checkbox"/> No — proceed to Part I
Location of nearest refuge area(s):	
Has the employee been shown the refuge location and how to use the communication system?	
Procedure for using refuge (when to use, how to call for help, what to expect):	

Part I — Special Considerations

Communication needs during evacuation (verbal, written, sign language, etc.):	
Any medications or medical equipment the employee needs access to:	
If the employee works alone or outside normal hours, specific arrangements:	
If the employee works at multiple sites, arrangements for each location:	

Any other relevant information or considerations:	

Part J — Information Sharing and Consent

Information about this PEEP will only be shared with people who need to know for safety purposes. This typically includes designated buddies, fire wardens, the line manager, and HR. The employee must give explicit consent for information sharing.

This PEEP information may be shared with (list roles, not names):	
Employee consent for information sharing:	<p><i>I consent to the information in this PEEP being shared with the people listed above for my safety during emergency evacuation.</i></p> <p><input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, I do not consent</p>
Are there any restrictions on what information can be shared or with whom:	

Part K — Training and Practice

Training provided to employee (date and type of training):	
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Training provided to designated buddies (dates and confirmation of competency):	
This PEEP will be tested during fire drills. Record of practice evacuations:	

Part L — Assessment and Signatures

PEEP assessment conducted by (name and role):	
Date of this assessment:	

<p>Employee</p> <p><i>I have been involved in preparing this PEEP, I understand the procedures, and I agree to inform my manager if my circumstances change.</i></p> <p>Signature: _____</p> <p>Name (print): _____</p> <p>Date: _____</p>	<p>Manager</p> <p><i>I confirm this PEEP has been completed in consultation with the employee, all necessary measures will be implemented, and a copy has been provided to the employee.</i></p> <p>Signature: _____</p> <p>Name (print): _____</p> <p>Role: _____</p> <p>Date: _____</p>
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Part M — Review Record

This PEEP must be reviewed at least annually and whenever: the employee's condition changes; the employee changes role or location; building layout or escape routes change; after any evacuation incident or

fire drill; or at the employee's request.

Review Date	Changes Made / Outcome	Reviewed By	Next Review Due

This template is provided as guidance only. Always seek professional advice for your specific circumstances.