*Refer to the* [*Personal Emergency Evacuation Plan Guideline*](https://federation.edu.au/__data/assets/pdf_file/0006/543282/PEEP_Guideline.pdf) *and
address any additional query regarding this form to HSW via Workday using Create Case / OHS Enquiry*

|  |
| --- |
| 1. **Personal Details of Person Requiring Plan**
 |
|  | *Full name* |  | *Status* |  |
|  | Click here to enter name |  | Click here to choose an item |  |
|  |  |  |  |  |
|  | *If not Federation staff, provide phone / mobile preferred)* |  | *Student number* |  |
|  | Click here to enter phone no. |  | Click here to enter student no. |  |
|  |  |  |  |  |
|  | *Institute / Directorate / Organisation* |  |
|  | Click here to enter School/Directorate/Organisation |  |
|  |  |  |  |  |
|  | *Type(s) of impairment or disability* |  |
|  | [ ]  Permanent [ ]  Temporary (Click here to enter expected duration |  |
|  |  |  |  |  |
|  | [ ]  Mobility – wheelchair [ ]  Mobility – assistance required [ ]  Mobility – other\*[ ]  Sensory – sight [ ]  Sensory – hearing [ ]  Sensory – other\*[ ]  Cognitive/mental – anxiety [ ]  Cognitive/mental – orientation [ ]  Cognitive/mental – other\*[ ]  \*For “other”, give details below:Click here to enter details |  |
|  |  |  |  |  |
|  | *Describe the impact of impairment(s) on emergency evacuations (incl. when lifts cannot be used)* |  |
|  | Click here to enter text |  |
|  |  |  |  |  |
|  |
| 1. **Emergency Arrangements**
 |
|  | *Campus or Location* |  |
|  | Click here to choose an item If “Other” selected, give details here |  |
|  |  |  |  |  |
|  | *Building* |  |
|  | Click here to enter building |  |
|  |  |  |  |  |
|  | *Specify below the individual arrangements to be implemented for emergency evacuations* |  |
|  | [ ]  Personal assistant required[ ]  Assistance to go down stairs and to Designated Assembly Point[ ]  Transfer on same level to external area, inter-connected building, or adjacent fire compartment[ ]  Transfer to fire safe area (e.g. landing of fire-isolated stairs), awaiting Fire Brigade intervention[ ]  Specialized equipment required (specify details below)[ ]  Other (specify details below)Click here to enter details |  |
|  |  |  |  |  |

|  |
| --- |
|  |
| 1. **Step-by-Step Emergency Plan**
 |
|  | *List here each step to be implemented for building evacuations. Include specific details of any personnel involved (e.g. assistant, Area Warden, etc.), the locations (e.g. link-way, fire refuge, Designated Assembly Point), and any equipment to be used* |  |
|  | Click here to enter text |  |
|  |  |  |  |  |
|  |
| 1. **Approval**
 |
|  | *Name of Federation staff member preparing this Plan* |  |
|  | Click here to enter name |  |
|  |  |  |  |  |
|  | *I hereby confirm that I have informed all persons named in this Plan of their role in it and that the Step-by-Step Emergency Plan described above has been successfully rehearsed* |  |
|  |  |  |  |  |
|  | *This PEEP is to be reviewed on or before:*  | Click to enter a review date. |  |
|  |  |  |  |  |
|  | *Date* |  | *Signature of Federation staff member preparing this Plan* |  |
|  | Click here to enter date |  |  |  |
|  |  |  |  |  |
|  | *Date* |  | *Signature of person requiring this Plan* |  |
|  | Click here to enter date |  |  |  |
|  |  |  |  |  |

*Keep original of this form in Institute/Directorate files, and send copy to*

*(a) any person named in this Plan and (b) the* [*Health, Safety and Wellbeing ServiceNow portal*](https://federation.service-now.com/pc)