*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)