**PERSONAL EMERGENCY**

**EVACUATION PLAN (PEEP)**

**OBUHSN-08 Appendix 1 Needs for assistance questionnaire**

**Purpose of this form.**

Oxford Brookes University has a responsibility to ensure that in the event of an emergency all of those who are on its premises can be evacuated safely. If you need assistance in recognising the necessity to evacuate a building or in the process of evacuation of a building, the information you provide will be used to draw up your Personal Emergency Evacuation Plan (appendix 2).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you usually based?

Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other frequently used locations

Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Familiarity of the evacuation procedures

1 Are you familiar with the University’s evacuation procedures as outlined in OBUHSN-09 YES q NO q

2 Do you require provision of the emergency evacuation procedures in an alternative format? For example;

2.1 supported by BSL interpretation? YES q NO q

2.2 to be on audio tape? YES q NO q

2.3 to be in large print? YES q NO q

2.4 to be in Braille? YES q NO q

**Emergency Alarm and Signage**

1. Can you hear the fire alarms during

the weekly tests? YES q NO q

4 Are you able to sound the alarm

at the call point? YES q NO q

5 Are the signs which indicate the emergency

evacuation route clear to you? YES q NO q

# Assistance

6 Do you need help to get out of a building in

case of an emergency? YES q NO q

If **NO** please go to Question 10

7 Is there a person to help you in an emergency YES q NO q

If **NO** please go to Question 9. If **YES** give name(s) and location(s)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 8 Do you have a formal arrangement with your helper?

(A formal arrangement is one specified for them by the Dean of School, Director of Directorate or written into their job description or by some other procedure.)

YES q NO q DON’T KNOW q

Are you always in easy contact with those designated to help you?

YES q NO q DON’T KNOW q

9 Do you have a guide dog ? YES q NO q

### 10 In an emergency, would you easily be able to contact site services to tell them where you were located?

YES q NO q

# Leaving the building

11 Can you move as quickly as

 others in an emergency? YES q NO q

12 Do you have difficulties using stairs? YES q NO q

13 Do you usually use a wheelchair? YES q NO q

14 Are you able to get in and out of a YES q NO q

 wheelchair unaided?

15 Do you usually use any other

 type of mobility aid? YES q NO q

If YES, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16 Is a Personal Emergency Evacuation Plan YES q NO q

 required?

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_