

**Emergency Evacuation Assessment**

## Why this assessment is important?

The Regulatory Reform (Fire Safety) Order 2005, places a duty on the Responsible Person to establish appropriate procedures to be followed in the event of serious and imminent danger (fire) to relevant persons.

This form may be completed to establish any particular needs that an individual may have to enable them to safely evacuate the building.

An example of when this form could be completed is when a member of staff has broken their leg and will need assistance to evacuate or the forms may be adapted for a visitor on site who is deaf and will need to be alerted if the fire alarm activates.

### This form is confidential.

|  |  |
| --- | --- |
| **Name:** | **Tel:** |
| **If Relevant, complete the below info** | |
| **Job Title:** | |
| **Department:** | **Location:** |
| **Description of Duties** | |
| **Date Completed:** | |

**A: Normal Place of Work**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Building 1** | **Building 2** | **Building 3** |
| **Building** |  |  |  |
| **Floor** |  |  |  |

**B: Evacuation Details**

1. If your work takes you to different location in the building other than where you are based please describe these areas.

***Continue on a separate sheet if required.***

1. Would it help you if you were to be provided with a written emergency evacuation procedure?

### Yes: No:

1. Do you require the emergency evacuation procedures to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?

### Yes: No:

1. Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?

### Yes: No:

1. Do you have any problems hearing the fire alarm(s) provided in your place(s) of work?

### Yes: No:

1. Would you experience any problems raising the alarm if you discovered a fire?

### Yes: No:

1. Is anyone designated to assist you to get out in an emergency?

### Yes: No: Don’t Know:

1. Are you likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?

### Yes: No: Don’t Know:

1. Do you find the stairs difficult to use?

### Yes: No:

1. Are you dependent on a wheelchair for mobility?

### Yes: No:

1. If you use a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

### Yes: No:

1. General Comments (to include any relevant information not already identified above)

**If you have ticked “YES” to any of the above then the Personal Emergency Evacuation Plan in Appendix A should also be completed**

# Appendix A

**Personal Emergency Evacuation Plan**

This form should be completed for an employee who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of the building.

Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

A copy of the completed form will be held by:

* Employee
* Employee’s department manager
* Fire coordinator (for each building identified)

Note: This plan should be reviewed on an annual basis and/or when any significant changes occur (of the building or employee).

**A: Alarm System**

1. I am able / unable to raise the alarm (delete as appropriate).

If unable to raise the alarm independently please detail agreed alternative procedures.

1. I am informed of an emergency evacuation by:

### Existing audible alarm system: Vibrating pager:

**Visual alarm system: Other (please specify):**

**B: Evacuation Procedure (step by step account starting when alarm raised and finishing on final exit)**

**C: Designated Assistance (details of EVAC Team roles designated to assist in executing evacuation plan)**

**D: Equipment Provided and its Location**

**E: Safe Routes (description of the primary and secondary escape routes)**

**A building layout plan should be attached to this form with routes clearly marked*.***

I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** |
| **Name (please print):** | | |
| **Assessor Signature:** |  | **Date:** |

**This plan should be reviewed on an annual basis and/or when any significant changes occur (of the building or employee).**