

Working together to build a better future

QF267

## PERSONAL EMERGENCY EVACUATION PLAN

Please provide as much information to enable the establishment of a suitable plan.

Employee Name:										
Location:	Floor:	Shares Office With:								
Is an Assistance Animal involved?						No				
Are you trained in the emergency response procedures? (including the evacuation procedures)						No				
Preferred method of receiving updates to the emergency response procedures: In Person					il	Braille				
Type of assistance required:										
Equipment required for evacuation: (Please list)										
Is your first designated assistant					No	N/A				
Egress procedure: (Give step by step details of what is to happen	)									

Issue Date: 10.05.2019

Review Date: 10.05.2021



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Diagr (Pleas	am of pref	ferred route for assisted evacuation: agram or attach floor / building map)
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Issue Date: /	/ Review Date: /				
Employee approved	Date://				
(signature)					
First PEEP Assistar	nt: Date: / /				
(signature)					
WARDEN:	Date: / /				
(signature)					
CHIEF WARDEN:	Date: / /				
(signature)					

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