

# PEEP Questionnaire

This questionnaire can be used to gather information to develop a formal Personal Emergency Evacuation Plan (PEEP). Complete this form with the person requiring a PEEP.

**Name:** \_\_\_\_\_

## Location

1. Which part of the building do you normally work in / visit?

Please name: the building, the floor and the room.

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2. Do you routinely use more than one location in this building?

YES / NO / DON'T KNOW

Please provide further details below. (Please list the floors & rooms you use in each building)

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## Emergency Procedures

3. Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?

YES / NO / DON'T KNOW

4. Do you require emergency evacuation procedures to be in another format, e.g. in large print, in Braille, electronic?

YES / NO / DON'T KNOW

If YES, specify format \_\_\_\_\_

5. Are the signs which mark emergency routes and exits clear enough?

YES / NO / DON'T KNOW / NA

## Emergency Alarm

6. Can you hear the fire alarm(s) in your place(s) or work?

YES / NO / DON'T KNOW / NA

7. Could you raise the alarm if you discovered a fire?

YES / NO / DON'T KNOW

**Assistance**

8. Do you need assistance to get out of your place of work in an emergency?

YES / NO / DON'T KNOW

9. Is anyone designated to assist you in an emergency?

YES / NO / DON'T KNOW

If YES give name(s) and location(s)

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10. Is the arrangement with your assistant(s) a formal arrangement? (A formal arrangement is one specified for them by a manager or written into their job description or by some other procedure.)

YES / NO / DON'T KNOW

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

YES / NO / DON'T KNOW

12. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work/study and tell them where you were located?

YES / NO / DON'T KNOW

**Getting Out**

13. In an emergency, would you be able to move at a similar rate to other occupants?

YES / NO / DON'T KNOW

14. Are you confident to use the stairs from the level of the building that is your normal place of work to the exit to outside?

YES / NO / DON'T KNOW

15. Or would you prefer to wait for assistance?

YES / NO / DON'T KNOW

16. Do you use a wheelchair?

YES / NO / SOMETIMES

**Thank you for completing this questionnaire.**