**Personal Evacuation Plan for people with disabilities**

You and your manager must complete this Plan together using the information you provide. When it is finished, your manager will give you a copy and make sure that the relevant people involved in your emergency evacuation get a copy. This Plan forms part of your reasonable adjustments under the Equality Act 2010. Your manager will review the Plan with you as part of the annual general risk assessment of your workplace. If your needs change before then, the Plan must be amended by you and your manager straight away.

**This is the Personal Evacuation Plan for:**

| Name |
| --- |
| Job title |
| Department and section |
| Main workplace, including building, floor and room number |
|  |

**I have received a copy of the fire evacuation procedures in an accessible format for me which is:**

Please **✓**

Standard print ☐ Computer file ☐

Large print ☐ Audio recording ☐

Braille ☐ BSL ☐

**I know about an emergency evacuation by:**

Please **✓**

an existing alarm system **☐** SMS/ messaging **☐**

a visual alarm system **☐** something else **☐** please say what

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People designated to help me get out of the building in an emergency**

These people are my designated helpers…

| Helper 1 |
| --- |
| Helper 2 |
| Helper 3 |

**The assistance I need is…**

Please explain how you expect to be helped, such as: how you want to be guided if you are a visually impaired employee; if you need any transfer help if you are a wheelchair user; or physical assistance if you have limited mobility.

|  |
| --- |

**The equipment I need to help me leave the building in an emergency is…**

|  |
| --- |

**My designated helpers are trained in using this equipment?**

No  **☐** Yes **☐**

**If yes, please give details of any training done or planned and dates**

|  |
| --- |

**Here is what I do when the emergency alarm is activated and I need to get out of the building…** Please give the full details of the journey from inside your usual workplace to the outside assembly point, including the time it takes you to get there…

|  |
| --- |
| Time taken from when the alarm goes off to getting to the assembly point:\_\_\_\_\_\_\_minutes approximately |

**Safe route…**Please draw a plan of the route you use to get out of the building in an emergency, including where the nearest **fire refuge** is, i.e. somewhere to wait safely for help.



**This Plan has been agreed between me and my manager**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Employee**

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

**Employee’s manager**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s actions**

Please send copies of this Plan to the : Please**✓**and state date

Employee with a disability ☐\_\_\_\_\_\_\_

Staffing/ HR Officer for the employee’s personal file ☐\_\_\_\_\_\_\_

Designated helpers☐\_\_\_\_\_\_\_

Fire Marshall ☐\_\_\_\_\_\_\_

Evacuation Co-ordinator ☐\_\_\_\_\_\_\_

Departmental Health and Safety Adviser ☐\_\_\_\_\_\_\_

Please keep a copy yourself.

I confirm I have issued this Personal Evacuation Plan to all the people named.

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

Manager