

Employee*: Personal Emergency Evacuation Plan (PEEP)		
Name of the Employee* :		
Employee ID:		
Site Covered by this plan:		
Supervisor / Line Manager:		
Short Summary: A Personal Emergency Evacuation Plan is an individual escape plan for anyone who may not be able to quickly reach a place of safety unaided in the event of an emergency.		
Points 1 to 3 Covering Personal Emergency Evacuation Plan (PEEP):		
Point 1	Due to either permanent / temporary mobility issues, visual impairment or hearing difficulties, in the event of an evacuation, Employee* will require designated assistance to help escort them off the premises in a safe but timely manner.	
Point 2	Through discussions with Employee* , designated assistance has been agreed upon.	
Point 3	In the event of an evacuation, whoever of these persons is present at the time are to remain with Employee* and escort them out of the building through the nearest safe escape route and onto the designated assembly point.	
Designated Assistance:		
	Name (s)	Department and Contact Number (if applicable)
Designated Assistance 1	1. Name: Signature:	
Designated Assistance 2	2. Name: Signature:	
Designated Assistance 3	3. Name: Signature:	
Designated Assistance 4	4. Name: Signature:	
Comments Covering Personal Emergency Evacuation Plan (PEEP):		
Confirmation of receipt and use of PEEP:		
I understand that I am responsible for keeping my PEEP as accurate as possible and drawing attention to changes in circumstance that should prompt a review.		
This Personal Emergency Evacuation Plan (PEEP) will be held within the records of Samaritans during the length of Employee* employment. The document will be classed as confidential and treated as such. Only management of Employee* , a HR representative or Head Office representative will have access to this record.		
I understand the above notice and give my consent to my data being shared as detailed above.		
Employee Name:	1. Name: Signature:	Date:
Manager Name:	2. Name: Signature:	Date: