

PERSONAL EMERGENCY EVACUATION PLAN

(Insert Name)

Home	
Floor and Room Number	
Date of Birth	
GP-contact <ADD>	Next of kin-contact <ADD>

INSERT PHOTO

Awareness of procedure

Service User is informed of a fire evacuation by: (please tick ✓ relevant box)

Existing alarm system

☐

Visual alarm system

☐

Pager device

☐

Other (please specify)

Special Considerations

Inappropriate responses		Mobility impaired		Hearing impaired		Dexterity problems	
Likely to refuse to leave building		Wheelchair user		Visually impaired		Asthma / other breathing / health problems	
Likely to be slow to respond		Cannot use stairs		Dyslexic / difficulty with orientation		Other (define)	

Notes

Likelihood of self response

High

☐

Medium

☐

Low

☐

Methods of assistance (eg Transfer procedures, methods of guidance etc)

Equipment required (including means of communication)

Personalised evacuation procedure (A step by step account beginning with the first alarm)

1	
2	
3	

The rating for this plan is

Red	Amber	Green

Monitor and Review