Personalised Emergency

Evacuation Procedures

(DRAFT)

|  |  |
| --- | --- |
| First name |   |
| Last name |  **PHOTO** |
| Work Building/floor |   |
| Mobile number |   |
| ID number |  |
| DOB |   |
| Residence Building/floor |   |

Contact & Location Details

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Position |  |
| ID number |  |
| DOB |  |
| Contact number |  |
| Supervisor / alternative on-site contact |  |

|  |  |
| --- | --- |
| Primary location |  |
| Residential location(where applicable) |  |

|  |  |
| --- | --- |
| Other requirements(evacuation) |  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Other considerations: |
|  |
|  |
|  |
|  |

Outline of Requirements

|  |  |
| --- | --- |
| Other requirements(displacement) |  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Medical conditions |  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Essential medications |  |
|  |
|  |
|  |
|  |
|  |
|  |

General Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Questionnaire** | 1 | Are you aware of the emergency procedures for your workplace? |    | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2 | Do you have any language requirements surrounding this plan (e.g. Translation / Braille / Voice Recording)? |   | Yes |  |    | No |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 3 | Is signage in your workplace clear (visibly) enough to assist you in an evacuation? |   | Yes |  |   | No |  |   | N/A |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 4 | Are you able to hear the fire alarm(s) in your workplace? |    | Yes |  |   | No |  |   | N/A |
|  |  |  |  |  |  |  |  |  |
|  | If NO, what other senses may be used to alert you? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
| 5 | Could you raise the alarm if you discovered a fire via: |  |  |  |  |  |  |  |  |
|  | Phone (Dial 6 / 1800 249 559) |   | Yes |  |   | No |  |  |  |
|  | Emergency Call Point / Manual Call Point |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 6 | Do you have/use an assistive animal? |   | Yes |  |    | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Residents at UTS Housing

Please complete this section if you are a resident at UTS Housing:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Residents** |  |  |  |  |  |  |  |  |  |  |
| 8 | Are you aware of the emergency procedures for your residence? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 9 | Is signage in your residence clear (visibly) enough to assist you in an evacuation? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 10 | Are you able to hear the fire alarm(s) in your residence? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 11 | Are you able to hear the fire alarm(s) in your place of residence? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | If NO, what other senses may be used to alert you? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
| 12 | Could you raise the alarm if you discovered a fire via: |  |  |  |  |  |  |  |  |
|  | Phone (Dial 6 / 1800 249 559) |   | Yes |  |   | No |  |  |  |
|  | Emergency Call Point / Manual Call Point |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 13 | Would you require assistance in the event of an evacuation? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 14 | Have you ever been evacuated before from your residence? If so, how was that achieved? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |   |

Assistance Requirements

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assistance Requirements** |  |  |  |  |  |  |  |  |  |  |
| 15 | Would you require assistance in the event of an evacuation? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 16 | Who (if anybody) has been designated to assist you in an emergency? |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **NAME** | **CONTACT NUMBER** | **LOCATION** |
| a |   |   |   |
| b |   |   |   |
| c |   |   |   |
| d |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 17 | Making contact with assistants when required (student/staff member): |
|  |   |
|  |   |
|  |  |
|  |   |
| 18 | Role and expectations of assistants: |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |
|  |   |
| 19 | Raising an alarm & communicating with the Chief Warden: |
|  |   |
|  |   |
|  |  |
|  |   |

History & Other

|  |  |  |
| --- | --- | --- |
| **History & Other** | 20 | Have you ever had a PEEP prepared for you before? Please give details including helpful/useful instructions, action items etc |
|  |   |
|  |   |
|  |  |
|  |   |
| 21 | Have you ever been evacuated before? If so, how was that achieved? |
|  |   |
|  |   |
|  |  |
|  |   |
| 22 | (IF A WHEELCHAIR USER) What (if any) are the implications of your chair getting wet? |
|  |   |
|  |   |
|  |  |
|  |   |
| 23 | (IF A WHEELCHAIR USER) Are you able to transfer from your chair without assistance? |
|  |   |
|  |   |
|  |  |
|  |   |

Evacuating

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evacuating** | 24 | In the event of an evacuation, can you move quickly? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 25 | Are you able to use stairs? |   | Yes, with ease |   | Yes, with some assistance |
|  |  |   | Yes, with difficulty |   | No |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 26 | Do you use a wheelchair? |   | Yes |  |   | No |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 27 | Plan for evacuation without assistance: |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |
|  |   |
| 28 | Plan for evacuation with assistance: |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |
|  |   |
| 29 | Soft Limitations: |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |
|  |   |
| 30 | Hard Limitations: |  |  |  |  |  |  |  |  |
|  |   |
|  |   |
|  |  |
|  |   |

Actions & Tasks Arising

|  |  |  |
| --- | --- | --- |
| **NO.** | **TASK** | **ASSIGNED TO** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |