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) |  |

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| --- | --- |
| Other requirements  (evacuation) |  |
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| Other considerations: |
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Outline of Requirements

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| Other requirements  (displacement) |  |
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| Medical conditions |  |
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| Essential medications |  |
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General Questionnaire

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| **General Questionnaire** | 1 | Are you aware of the emergency procedures for your workplace? |  | Yes |  |  | No |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |
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Residents at UTS Housing

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

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| **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 |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| 10 | Are you able to hear the fire alarm(s) in your residence? |  | Yes |  |  | No |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| 14 | Have you ever been evacuated before from your residence? If so, how was that achieved? |  | Yes |  |  | No |  |  |  |
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Assistance Requirements

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| **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** | | | |
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| 17 | Making contact with assistants when required (student/staff member): | | | | | | | | |
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| 18 | Role and expectations of assistants: |  |  |  |  |  |  |  |  |
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| 19 | Raising an alarm & communicating with the Chief Warden: | | | | | | | | |
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History & Other

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

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

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| **NO.** | **TASK** | **ASSIGNED TO** |
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