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| **Emergency Evacuation Assessment** | A close up of a sign  Description automatically generated |

**Why this form is important?**

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Equality Act 2010, place duties on Disability Positive to implement effective arrangements for access and emergency evacuation for our staff and visitors.

We would ask that you complete this form so that we may establish any particular needs that you may have to enable you to safely evacuate the building.

Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

**This form is confidential.**

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| **Staff Member Name:** | **Tel:** |
| **Job Title:** | |
| **Department:** | |
| **Description of Duties:** | |
| **Date Completed:** | |

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| **A: Normal Place of Work** |

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| --- | --- |
| **Sension House** | |
| **Floor** |  |

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| **B: Evacuation Details** |

1. If your escape route takes you to more than one location in the building to which you are based please describe these areas.

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| ***Continue on a separate sheet if required.*** |

1. Have the general emergency procedures been explained to you at induction and/or have you accessed the Health & Safety policy information regarding evacuation from the building on the staff portal?

**Yes:**  **No:**

1. Do you require the emergency evacuation procedures to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?

**Yes:**  **No:**

1. Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?

**Yes:**  **No:**

1. Do you have any problems hearing the fire alarm(s) provided in your place(s) of work?

**Yes:**  **No:**

1. Would you experience any problems raising the alarm if you discovered a fire?

**Yes:**  **No:**

1. Is anyone designated to assist you to get out in an emergency?

**Yes:**  **No:**  **Don’t Know:**

1. Are you likely to experience difficulties traveling independently to the nearest emergency exit for a safe and timely evacuation?

**Yes:**  **No:**  **Don’t Know:**

1. Do you find the stairs difficult to use?

**Yes:**  **No:**

1. General Comments (to include any relevant information not already identified above)

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| **If you have ticked “Yes” to any of the above then the following Personal Emergency Evacuation Plan should also be completed** |

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| **Personal Emergency Evacuation Plan** | A close up of a sign  Description automatically generated |

This form should be completed by the line manager in agreement with the member of staff.

Once completed, copies should be passed to the Office Manager/Fire Warden(s) for the areas in which this may apply.

Copies should also be retained by the staff member and the line manager.

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| **SECTION 1 – Staff Member Details** | |
| **Name:** | **Area:** |
| **Telephone:** | **Date Assessed:** |
| **SECTION 2 – Designated Assistance** | |
| The following staff member(s) have been identified to provide support to get out of the building in an emergency: | |
| **Name:** | **Department:** |
| **Name:** | **Department:** |
| **SECTION 3 – Methods of Assistance / Equipment Used** | |
|  | |
| **SECTION 4 – Agreed evacuation plan** | |
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| **SECTION 5 – Risk Control Measures** | | |
| * + - 1. Does the employee fully understand the agreed evacuation procedures?       2. Have all relevant parties been made aware of their role in the plan?       3. Is the employee aware to notify their line manager of any changes that may affect the plan?       4. Has the employee been made aware that the line manager should be kept informed of their whereabouts (where critical to the plan)?       5. Have all reasonable steps been taken to ensure that the employee’s working environment meets their needs and is free from hazards?       6. Has a date been set for review (below)?       7. Has any equipment required for evacuation been identified and plan put in place to maintain it?       8. Has the evacuation been trialled by the employee? | | **Yes:  No:**  **Yes:  No:**  **Yes:  No:**  **Yes:  No:**  **Yes:  No:**  **Yes:  No:**  **Yes:  No:**  **Yes:  No:** |
| **General Guidance** | | |
| *Evacuation Chairs* – Where an evacuation chair is included in the plan for use, identified persons must be trained in its use.  *Safe refuge areas* – A staff member can remain with support until such time as the escape route can be used safely without risk to themselves and others. A fire warden/co-ordinator will report (if necessary) if someone is remaining in the building. | | |
| **SECTION 6 – Agreement** | | |
| Staff member:  Date:  Line manager:  Date: | | |
| **Date for Review:** |  | |
| *Note:* Review may need to take place prior to this should there be any changes in circumstances, or if plan was not effective when used. | | |