

**VISITOR PERSONAL EMERGENCY EVACUATION PLAN (PEEP)
Form**

Visitor Name	
Contact details	
Name of Host Contact details	
Reason for visit	
PLEASE COMPLETE AS BELOW	
Date of completing PEEP	Date of visit
1. Which building(s) are you visiting? You must state each building, floor and all room numbers/areas as this may affect the plan.	
2. What is the nature of your impairment that would affect you escaping from the building?	
3. Host to explain and show, the emergency procedures of the building(s) to the individual, including escape routes, the use of safe refuge areas and evacuation lifts where relevant. Comment	
4. Host to clarify what arrangements will be put in place to ensure you are aware an emergency alarm has been activated, no matter where in the building you are, and that you need to evacuate. An example of this could be the use of a vibrating pager.	
Details:	

5. Do you need assistance from others to escape from the building? Yes No
(Please indicate)

If Yes, ACTION – ASSISTANCE, WHERE NEEDED, MUST BE AVAILABLE
AT ALL TIMES

6. Who will provide assistance? Contact details:

If you need assistance in another way, please say how and where
ACTION – Host to ensure those providing the assistance are aware of the
procedure(s) and are competent to provide the support required, including
appropriate training where necessary.