**Conference Aston: Personal Emergency Evacuation Self-Assessment Form**

Please complete this form as completely as possible. This information will enable a Personal Emergency Evacuation Plan (PEEP) to be developed specifically for your situation. When completed, check all details and return to the address listed at the end of the form or return to your conference organiser.

Forename:

Surname:

Telephone No.:

Email Address:

Please return to: amy.pearman@visionary.org.uk

**Mobility Impairment**

This section may apply to persons with either **permanent** or **temporary** physical impairment, respiratory or mental impairment which may impact upon their ability to evacuate the building in an emergency.

1. Can you leave the building (using stairs where necessary) unassisted?

 **YES / NO**

1. Are you able to evacuate when surrounded by large numbers of people?

 **YES / NO**

1. If you use a wheelchair, can you self-transfer to an Evacuation Chair?

 **YES / NO**

1. Do you have a Personal Assistant who assists you around the building?

 **YES / NO**

1. Do you have a colleague attending the evet with you, who will be able to assist in the event of an evacuation?

 **YES / NO**

1. If you use a wheelchair, is it self-powered or electric?

 **Self-Powered / Electric**

1. Are you able to step into a bath?

 **YES / NO**

Please note any additional comments or information:

## Hearing Impairment

This section may apply to persons with either **permanent** or **temporary** hearing impairment, which may impact upon their ability to evacuate the building in an emergency.

1. Can you hear the fire alarm without your hearing aids on?

 **YES / NO**

1. Can you sleep with your hearing aid?

 **YES /** **NO**

Please note any additional comments or information:

## Visual Impairment

This section may apply to persons with either **permanent** or **temporary** visual impairment, which may impact upon their ability to evacuate the building in an emergency.

1. Do you have a visual impairment which could affect your leaving the building unassisted in an emergency?

 **YES /** **NO**

1. Do you use any aids in movement around the building e.g. cane, guide dog, or other equipment?

 **YES /** **NO**

Please note any additional comments or information:

## Other Impairment

Please provide details:

## General Information/Awareness

1. Are you aware of the University’s current Fire Evacuation Procedures?

 **YES /** **NO**

1. Would staff require any special training to assist you in evacuation during an emergency?

 **YES /** **NO**

The University takes its obligations under data and privacy law seriously.  By completing this form I understand that under the applicable data and privacy laws this information may be shared with other members of University staff and I agree to this for the purposes of ensuring my safe evacuation from the building during an emergency.

**Disclaimer:**

Conference Aston has a duty of care towards its staff and customers however, staff and customers equally must act responsibly and abide by emergency instructions to ensure their own health and safety whilst on campus.

Any change in your personal circumstances which may affect the validity of the PEEP must be reported to the **Building Services Manager at : Conference Aston, Aston University, Aston Triangle, Birmingham, West Midlands, B4 7ET**

Delegate Signature:

Date:

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## Office use only

 YES / NO

YES / NO

PEEP required PEEP completed

Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEEP reference number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_