

Emergency Evacuation Assessment - Employees

Why this form is important?

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Disability Discrimination Act 1995 and The Regulatory Reform (Fire Safety) Order 2005, place duties onSchool to implement effective arrangements for access and emergency evacuation for employees, students and visitors.

This form has been developed so that the school can establish any particular needs that a student or teacher may have to enable safe evacuation from the building.

Any detail provided will be handled in confidence and shared only with the necessary parties required to ensure the persons safety and that of others. All information provided will be stored and kept in accordance with the Data Protection Act.

This form is confidential.

Employee/Name:	Tel:
Job Title:	
Department:	Location:
Description of Duties	
Date Completed:	

A: Normal Place of Work

	Building 1	Building 2	Building 3
Building			
Floor			

B: Evacuation Details

1. Describe the locations in the building where access is required

Continue on a separate sheet if required.

2. Would it help if a written emergency evacuation procedure is in place?

Yes:

No:

3. Does the emergency evacuation procedure need to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?

Yes:

No:

4. Does the person have any problems with reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?

Yes:

No:

5. Does the person have any problems hearing the fire alarm(s) provided in the place(s) of work?

Yes:

No:

6. Would the person experience any problems raising the alarm if a fire was discovered

Yes:

No:

7. Is anyone designated to assist the person to get out in an emergency such as a helper/buddy?

Yes:

No:

8. Is the person likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?

Yes:

No:

9. Does the person find the stairs difficult to use?

Yes:

No:

10. Is the person dependent on a wheelchair for mobility?

Yes:

No:

11. If the person uses a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

Yes:

No:

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

If you have ticked "YES" to any of the above then the Personal Emergency Evacuation Plan in Appendix A should also be completed

Appendix A - Employees

Personal Emergency Evacuation Plan

This form should be completed for an employee who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of 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.

A copy of the completed form will be held by:

- Employee
- Employee's manager
- Fire co-ordinator/warden (for each building identified)

Note: This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

A: Alarm System

1. I am able / unable to raise the alarm (delete as appropriate).

If unable to raise the alarm independently please detail agreed alternative procedures.

2. I am informed of an emergency evacuation by:

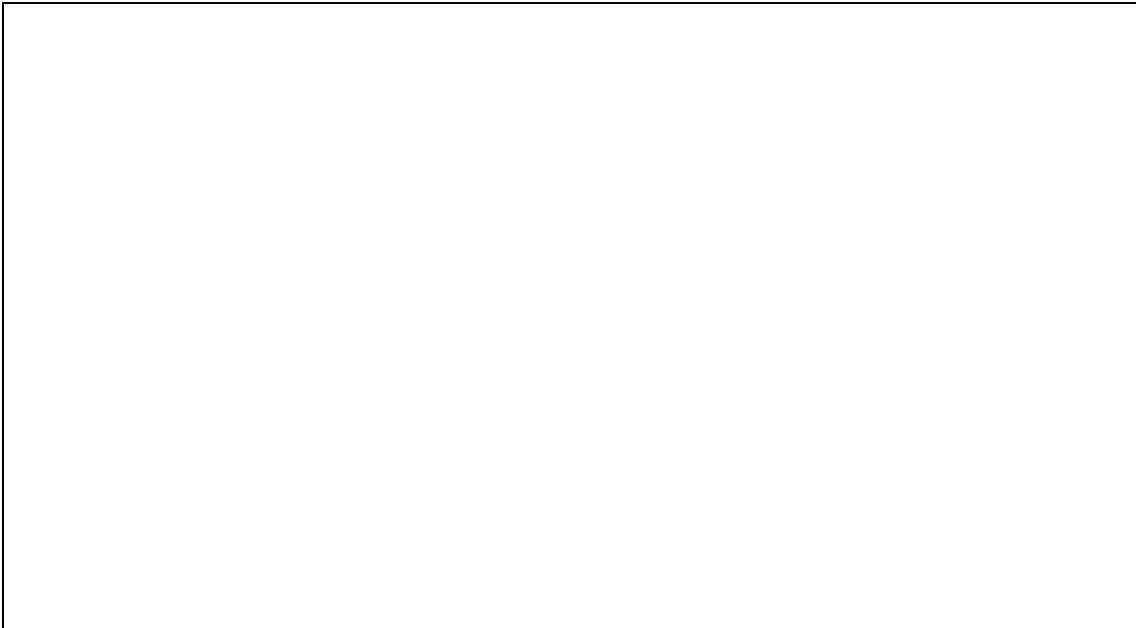
Existing audible alarm system:

Vibrating pager:

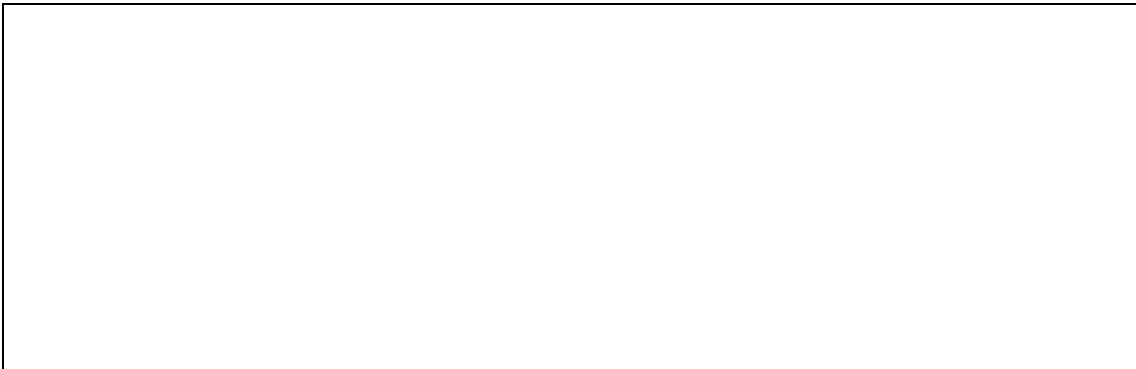
Visual alarm system:

Other (please specify):

B: Evacuation Procedure (step by step account starting when alarm raised and finishing on final exit)



C: Designated Assistance (details of the roles of persons designated to assist in executing evacuation plan)



D: Equipment Provided and its Location



E: Safe Routes (description of the primary and secondary escape routes)

A building layout plan should be attached to this form with routes clearly marked.

I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

Employee Signature:	Date:
Employee Name (please print):	
Assessor Signature:	Date:

This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

Emergency Evacuation Assessment - Students

Why this form is important?

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Disability Discrimination Act 1995 and The Regulatory Reform (Fire Safety) Order 2005, place duties on School to implement effective arrangements for access and emergency evacuation for employees, students and visitors.

This form has been developed so that the school can establish any particular needs that a student or teacher may have to enable safe evacuation from the building.

Any detail provided will be handled in confidence and shared only with the necessary parties required to ensure the persons safety and that of others. All information provided will be stored and kept in accordance with the Data Protection Act.

This form is confidential.

Student Name:	Age:
Year Group and Location (Prep, Pre-Prep, Main School, 6th Form etc)	
Type of Disability	
Description of Activities required to be undertaken including DT, Sport etc	
Date Completed:	

A: Normal Places of Study

	Building 1	Building 2	Building 3
Building			
Floors			
	Building 4	Building 5	Building 6
Building			
Floors			

B: Evacuation Details

1. Describe the locations in each of the buildings where access is required

Continue on a separate sheet if required.

2. Would it help if a written emergency evacuation procedure is in place?

Yes:

No:

3. Does the emergency evacuation procedure need to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?

Yes:

No:

4. Does the student have any problems with reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?

Yes:

No:

5. Does the student have any problems hearing the fire alarm(s) provided in the place(s) of work?

Yes:

No:

6. Would the student experience any problems raising the alarm if a fire was discovered

Yes:

No:

7. Is anyone designated to assist the student to get out in an emergency such as a helper/buddy?

Yes:

No:

8. Is the student likely to experience difficulties independently traveling to the nearest emergency exit for a safe and timely evacuation?

Yes:

No:

9. Does the student find the stairs difficult to use?

Yes:

No:

10. Is the student dependent on a wheelchair for mobility?

Yes:

No:

11. If the student uses a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

Yes:

No:

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

If you have ticked "YES" to any of the above then the Personal Emergency Evacuation Plan in Appendix A should also be completed

Appendix B - Students

Personal Emergency Evacuation Plan

This form should be completed for an employee who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of 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.

A copy of the completed form will be held by:

- Student
- Departmental Head
- Fire co-ordinator/warden (for each building identified)

Note: This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

A: Alarm System

1. The student is able / unable to raise the alarm (delete as appropriate).

If unable to raise the alarm independently please detail agreed alternative procedures.

2. The student is informed of an emergency evacuation by:

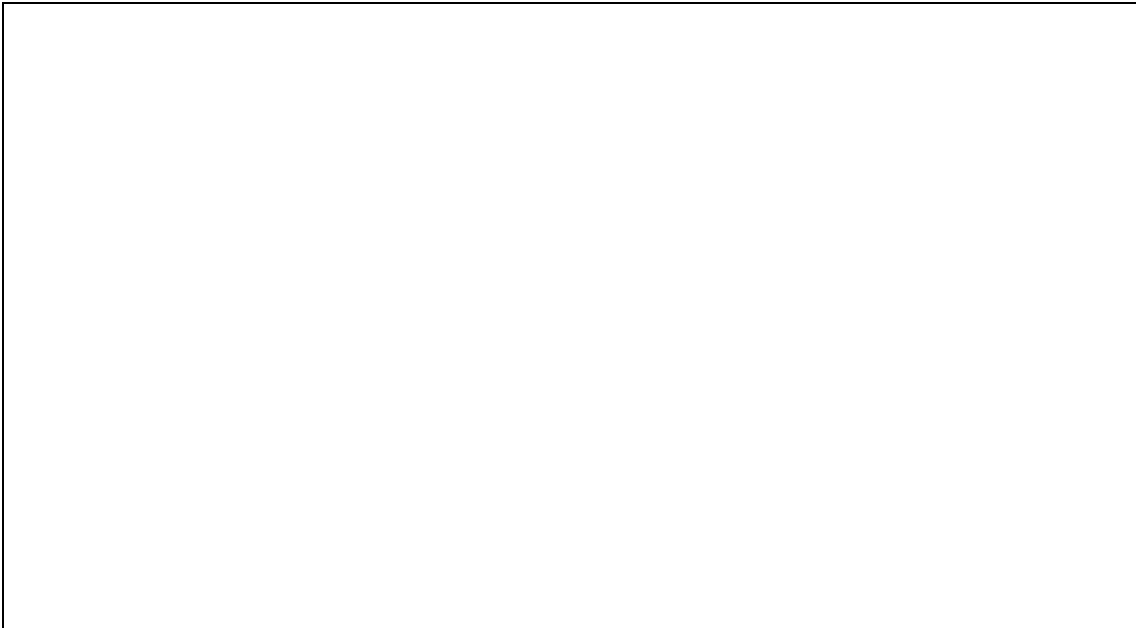
Existing audible alarm system:

Vibrating pager:

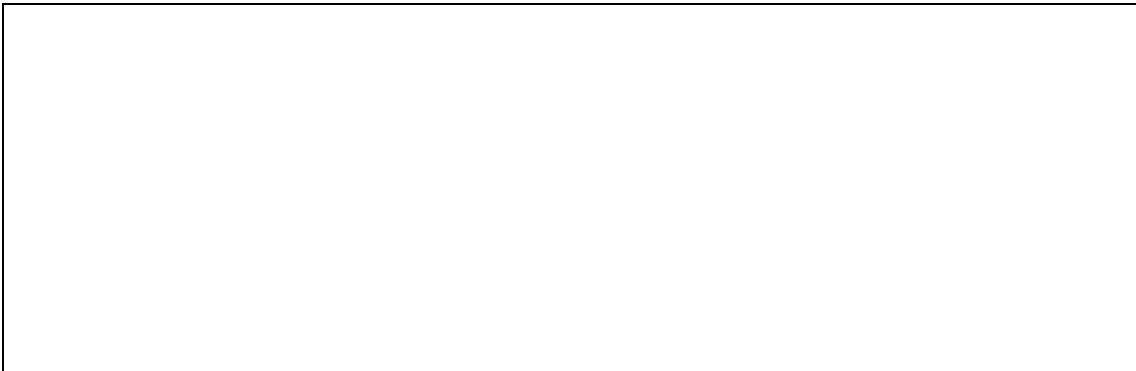
Visual alarm system:

Other (please specify):

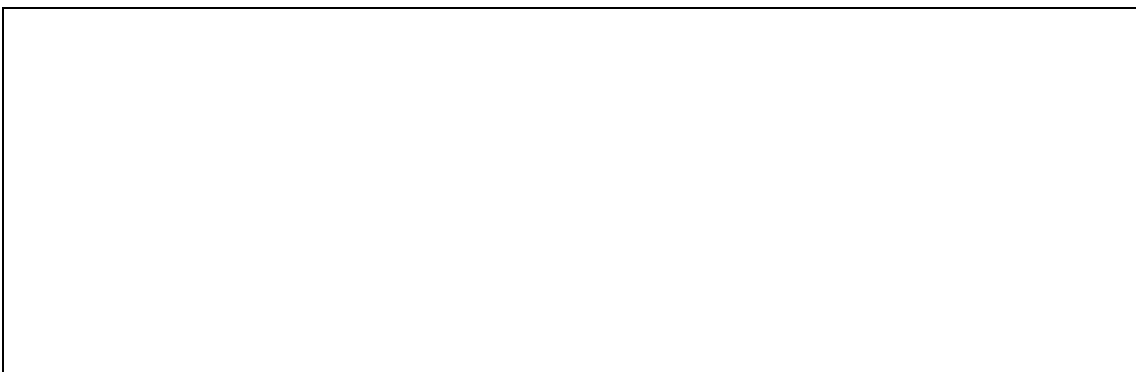
B: Evacuation Procedure (step by step account starting when alarm raised and finishing on final exit)



C: Designated Assistance (details of the roles of persons designated to assist in executing evacuation plan)



D: Equipment Provided and its Location



E: Safe Routes (description of the primary and secondary escape routes)

<p><i>A building layout plan should be attached to this form with routes clearly marked.</i></p>
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I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

Students Signature:	Date:
Students Name (please print):	
Assessor Signature:	Date:

This plan must be reviewed on an annual basis (at least) and/or when any significant changes occur (of the building or employee).

For further help and advice, please contact: