FORM B - VISUALLY IMPAIRED PERSONS

Name	Department		
Building to which this PEEP applies:			
Floors used:			
Personal Emergency Evacuation Plan Checklists			
	AWARENESS OF EMERGENCY EGRESS PROCEDURES	**yes**	**no**
1	Have the general emergency procedures been explained to you?		
2	Could you raise the alarm if you discovered a fire (operate the call point)?		
3	Can you open the fire escape door on the floor(s) you will be using?		
4	Could you use a telephone in the area to call the emergency services?		
5	Do you require the emergency escape procedure to be on tape?		
6	Do you require the emergency escape procedures to be in Braille?		
7	Do you require the emergency escape procedures to be in large print?		
8	Can you read the fire escape signs?		
9	Do you have a guide dog?		
10	Do you need your dog to help you evacuate?		
11	If no, who will look after your dog?		
12	How long would you estimate that it would take to evacuate the building under assessment, unaided (other than with the help of any items identified above), in the event of an emergency?		min
13	How many escape routes are available to you in the event of an emergency?		
14	Have any hazardous “projections” or other structural components been identified on your escape routes?		
	b) The following questions need only be answered by those visually impaired persons possessing some degree of visual capacity		
15	Are all escape routes clearly sign posted to meet YOUR requirements?		
16	Where applicable, are all escape corridors designed so as to prevent visual confusion in YOUR circumstances?		
17	Where applicable, are all escape staircases fitted with adequate colour contrasting nosing and a suitable handrail?		
	c)The following questions need to be answered by all visually impaired persons that will be using / provided with full time “helpers” while in the building for which this PEEP is being prepared.		
18	Who will be providing this assistance?		
19	Who will cover this “help” role when your normal helper is absent e.g. due to sickness, leave etc. (insert names)		
20	**ARE YOU AWARE OF ANY OTHER MEASURES THAT COULD BE INTRODUCED IN THE BUILDING UNDER ASSESSMENT THAT COULD FURTHER AID YOUR EVACUATION IN CASE OF AN EMERGENCY?**		

Thank you for completing this form; the information provided will be used to help produce a Personal Evacuation Escape Plan to meet your needs. Please sign below.

ASSESSMENT SIGN-OFF:

Signed (Assessor)	
Signed (Building User)	