Seven Steps Support Ltd

Emergency Evacuation Assessment

Date Completed: ___/___/_____

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999 and the Disability Discrimination Act 1995, place duties on you to implement effective arrangements for access and emergency evacuation for employees and visitors. You should complete this form so that you may establish any needs a relevant person may have to enable them to safely evacuate the building.

Do you require the emergency evacuation procedures to be provided in an alternative format e.g. BSL, Braille, Audio, Large Print?

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✓ Yes ✗ No

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This is a **6-page document**.

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

✓ Yes ✗ No

Do you have any difficulties hearing the fire alarm(s) provided in your home?

✓ Yes ✗ No

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

✓ Yes ✗ No

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

✓ Yes ✗ No

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

✓ Yes ✗ No

Do you find stairs difficult to use?

✓ Yes ✗ No

Are you dependent on a wheelchair for mobility?

✓ Yes ✗ No

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If you use a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

✓ Yes ✗ No

General Comments

(to include any other relevant or useful information)

Personal Emergency Evacuation Plan

If any questions have been answered with "✓ Yes" then this section should also be completed.

Are you able to raise the alarm?

✓ Yes ✗ No

If unable to raise the alarm, please detail agreed alternative procedures:

I am informed of an emergency evacuation by:

[ ] Existing Audible Alarm System

[ ] Vibrating Pager

[ ] Visual Alarm System

Other, please specify: _____

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Evacuation Procedure:

Equipment Provided and Its Location:

Safe Routes:

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I am aware of the emergency evacuation procedures and believe them to be appropriate to my needs identified in this document:

🧑 👩 Full Name: **X**_____

📅 Date of Birth: **X**____/____/_____

✍️ Signature: **X**_____

Manager's Signature: _____

Print Name: _____

Date: ____/____/_____

⚠ **THIS PLAN MUST BE REVIEWED** WHEN ANY SIGNIFICANT CHANGES OCCUR TO THE CLIENT OR THE RESPECTIVE PREMISES.

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This is a **6-page document**.