# APPENDIX C PERSONAL EMERGENCY EVACUATION PLAN

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupant’s Name:** |  | | | | | | |
|  | | | | | | | |
| **Location:** |  | | | | | | |
|  | | | | | | | |
| **Is an Assistance Animal involved?** *(e. g. guide dog)* | | | | | **€ Yes** | | **€ No** |
|  | | | | | | | |
| **Are you trained in emergency response procedures?**  *(including the evacuation procedures)* | | | | | **€ Yes** | | **€ No** |
|  |  | |  | |  | |  |
| **Preferred method of receiving updates to the emergency response procedures:**  *(Please state, e.g. text, braille, email, etc)* | | | | | | | |
|  |  | |  | |  | |  |
|  |  | |  | |  | |  |
| **Preferred method of notification of emergency:**  *(Please state, e.g. visual alarm, personal vibrating device, SMS, etc.)* | | | | | | | |
|  |  | | | | | | |
|  | | | | | | | |
| **Type of assistance required:** *(please list procedures as necessary)* | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Equipment for evacuation:** *(please list)* | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Egress procedure:** *(give step by step details)* | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Designated assistants and contact details:** *(please list name, phone, mobile and email)* | | | | | | | |
| **1.** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **2.** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **3.** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Are your designated assistants trained in the emergency response procedures?**  *(including evacuation procedures)* | | | | | | | |
|  | |  | | **€ Yes** | | **€ No** | |
| **Are your designated assistants trained in the evacuation equipment?** | | | | | | | |
|  | |  | | **€ Yes** | | **€ No** | |
|  | | | | | | | |
| **Diagram of preferred route for assisted evacuation:** *(Please provide diagram)* | | | | | | | |

# Signed by: Date:

**Approved by: Date:**