

# Guest - Personal Emergency Evacuation Plan

This form should be completed by a member of the Hotel Management Team with the guest in a suitable comfortable location for the guest.

## Guest Details

Name: .....

Period of Stay: .....

No. Guests in Party: .....

Room Number: .....

Guest Mobile Number: ..... (In case emergency contact is needed)

## Questionnaire

		Yes	No	Don't Know
<b>Emergency Alarm</b>				
1	Could you hear the fire alarm(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If you have difficulty hearing the alarm, would you require a visual indicator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:				
3	If you have difficulty hearing the alarm, would you require a physical indicator e.g. a vibrating alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:				
<b>Assistance</b>				
4	Do you need assistance to get out of the premises in an emergency? If <b>NO</b> please go to question 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are any members of your party designated to assist you to get out in an emergency? If <b>NO</b> please go to question 6      If <b>YES</b> give name(s) and location(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name: .....			
	Room No: .....			
	Name: .....			
	Room No: .....			
	Name: .....			
	Room No: .....			
6	In an emergency could you contact reception to tell them where you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Getting Out</b>				
7	Can you move quickly in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you find stairs difficult to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have a visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> go to question 11      If <b>NO</b> , go to question 10			
10	Do you have a mobility impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> go to question 16      If <b>NO</b> , thank you for taking the time to complete this questionnaire.			

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		Yes	No	Don't Know
<b>Visual Impairment</b>				
11	Do you believe your visual impairment would have an impact on your leaving the building unassisted in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you require an aid to help you move around the building e.g. cane, guide dog, or other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
	If <b>Yes</b> , please tick option below			
	Cane	<input type="checkbox"/>		
	Guide Dog	<input type="checkbox"/>		
	Other (please specify):	<input type="checkbox"/>		
13	How long do you think it would take you to leave the hotel unaided from your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time in minutes:			
14	Could you find your way to exit the building by an alternative route should your normal route be unavailable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you think that the speed at which you are able to leave the building, may have the potential to hold up other people leaving the building in corridors and stairways, or that they may cause you injury as they pass you more quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobility Impairment</b>				
16	Do you need the use of a wheelchair, walking stick, walking frame or other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
	If <b>Yes</b> , please tick option below			
	Wheelchair	<input type="checkbox"/>		
	Walking Stick	<input type="checkbox"/>		
	Walking Frame	<input type="checkbox"/>		
	Other (please specify):	<input type="checkbox"/>		
17	Is the wheelchair required for all circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Can it be dispensed with for short periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Is the wheelchair a standard size or electrically powered type with wider dimensions?	<input type="checkbox"/>	<input type="checkbox"/>	
	If <b>Yes</b> , please tick option below			
	Standard:	<input type="checkbox"/>		
	Electrical:	<input type="checkbox"/>		
	Width:			
20	Are you able to self-transfer to an evacuation chair/stair climber if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Could the medical nature of your health be aggravated by the use of such a device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Any other problems, observations or solutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Details:			

Questionnaire completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please hand the completed assessment to a Manager, who should use page 3 to complete the Personal Emergency Evacuation Plan.**

# Guest - Personal Emergency Evacuation Plan

**Plan - To be completed by Manager**

## Awareness of Procedure

The person specified is alerted of the need to evacuate the building by:

Existing Alarm System

Visual Alarm System

Vibrating/Pager Device

Other (please specify)

## Designated Assistant

The following employees have been designated to give assistance to the person specified in the event of an emergency:  
(if an evacuation chair is required, please ensure the person specified is competent to use the chair)

Name: Contact details:

Name: Contact details:

Name: Contact details:

Name: Contact details:

## Egress Procedure

Include a step-by-step account beginning from the first sound of the alarm.

## Methods of Assistance

E.g. Transfer Procedures, Methods of Guidance, Contact Procedures, Locations etc.

## Equipment Provided

E.g. Evac-chairs, Stair climbing device, Portable radios etc.

(Where an evacuation chair or lift is required, you must confirm that there are sufficient members of staff who are trained in the safe use of the equipment for the duration of their stay)

## Safe Route(s)

Attach a plan if appropriate

Does the guest require a telephone call to the room in the event of an emergency evacuation? **Yes**  **No**

Assessment completed by:

Signature:

Date:

**Please file the completed form in the Guest PEEP File and make a copy available to the FIRE TEAM.**