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Personal Emergency Evacuation Plan (PEEP) for Farnham Maltings

Part A: Emergency Evacuation Questionnaire

When completed this form is PRIVATE AND CONFIDENTIAL.

Please complete the following as fully as possible in your own words

Name:
Contact phone number: Email address:
Room(s) used on the First Floor (please list the groups, meetings or events):

If the alarms sounds, you have three minutes to leave the building. The lifts will NOT be available. Please bear this in mind when answering the following questions.

1.	If you use first floor rooms for any reason, are you able to descend the stairs at a reasonable pace without assistance? Yes No If No, what assistance might you need?
2.	Are you able to hear the fire alarms if triggered? Yes No
3.	Are you able to see the fire exit signs? Yes No
4.	Is anyone routinely with you and able to assist you in an evacuation? If yes, please provide their contact details. Name: Phone number: Email:

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Thank you for completing this questionnaire. Please return this completed form to Farnham Maltings Operations Manager by post, via the Maltings reception or by email. The information you have given us will help us provide you with further information and plan any assistance you may need in the event of an emergency. This will form Part B of this form. We will contact you to discuss the completion of Part B.

Signature: _____

Date: _____