

PEEP Questionnaire for Disabled Person

This questionnaire is intended to be completed by disabled persons to assist the development of a Personal Emergency Evacuation Plan (PEEP). Please provide as much information as you can to enable us to develop a suitable plan.

Once developed, the PEEP will be used to assist escape in the event of an emergency (including drills)

1. Why you should fill in the form

We have a legal and moral responsibility to protect you from fire risks and ensure your health and safety. The PEEP will be developed based on the information you provide.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency evacuation procedures in the building(s) you attend.

If you need assistance, the "Personal Emergency Evacuation Plan" will specify what type of assistance you need. There may be some parts of the most appropriate premises where safe evacuation cannot yet be provided without alterations to the building/structure. In these circumstances the way forward will be discussed with you.

Name: _____

Location

1. Which part of the building do you visit?

Please choose all that apply: Cinema, Cafe, Lounge, Events Space

2. If visiting the cinema, what performance (film, date & time) and seat(s) have you and your party booked?

Emergency Procedures

Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?	YES	NO
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Do you require written emergency evacuation procedures?	YES	NO
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Do you require the emergency evacuation procedures to be in large print?	YES	NO
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Are the signs which mark emergency routes and exits clear enough?	YES	NO
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Emergency Alarm

Can you hear the fire alarm(s)?	YES	NO	Don't Know
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Could you raise the alarm if you discovered a fire?	YES	NO	Don't Know
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Assistance

Do you need assistance to get out of your place of work in an emergency?	YES	NO	Don't Know
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Is anyone designated to assist you to assist you in an emergency?	YES	NO	Don't Know
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If YES give name _____

In an emergency, could you contact the person(s) in charge of evacuating the building and ask for assistance?	YES	NO	Don't Know
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Getting Out

Can you move quickly in the event of an emergency ?	YES	NO	Don't Know
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Do you find stairs difficult to use ?	YES	NO	Don't Know
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Are you a wheelchair user ?	YES	NO	
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Thank you for completing this questionnaire.
The information you have given us will help us to meet any needs for information or assistance you may have.

Please return to: manager@actonecinema.co.uk