

Personal Emergency Evacuation Plan (PEEP) for occupants with disability	
Name:	Location: (building / floor / room, desk number / work area)
Contact:	
T:	
M:	
E:	
Preferred method of receiving updates on the site's emergency response procedures. <input type="checkbox"/> Standard process <input type="checkbox"/> Other method (describe)	
Method for notification of emergency: <input type="checkbox"/> Standard alarm <input type="checkbox"/> Other (describe)	
Type of assistance required	
Equipment / aids required: <input type="checkbox"/> N/A <input type="checkbox"/> Yes (describe)	
Is an assistance animal involved (e.g. guide dog)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Egress procedure (step-by-step details. Attach a diagram of preferred route if required).	