# Emergency Evacuation Questionnaires

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

It is the responsibility of the disabled staff or students to self-identify if they require any assistance in the event of an emergency. If a staff member or a student requires assistance, the Questionnaire below should be completed. It should be completed by the disabled person with appropriate support from the Facilities Access Specialist, UWPD, FP&M Safety—Fire Protection, and Building Managers.

# More information about PEEPs

The goal of a PEEP is to provide people who (in case of emergency evacuation) cannot get themselves out of a building unaided with the necessary information to manage their escape to a place of safety and to give departments necessary information to ensure that the correct level of assistance is always available.

Once developed, the plan will be the intended means of escape in the event of an emergency (including drills). If a practice drill identifies concerns in the implementation of the evacuation, individuals should contact resources mentioned above for assistance in finding suitable solutions. You will be provided with any additional information necessary about the emergency egress procedures in the building(s) you attend.

Given the unique characteristics of each campus building and the need for a PEEP to take into account the buildings’ capabilities, disabled persons who regularly use different buildings may need a separate PEEP for each building. If assistance with escape is required, the extent of such assistance should be identified in the PEEP i.e. the number of assistants and the methods to be used. The area needs to ensure that there is coverage for absences, and assistants may require training.

If you need assistance, the “Personal Emergency Evacuation Plan” will specify what type of assistance you need. There may be some buildings where safe evacuation cannot yet be provided without alterations to the building/structure. In these cases you will have to be patient while the solutions are considered and developed.

**Please Print:**

|  |  |
| --- | --- |
| Name :        | Today’s Date:       |
| Job Title:       | Department:       |
| Work Phone Number:       | E-mail Address:       |
| Brief Description of Duties:       |
| Supervisor Name:       | Work Phone Number:       |

# Location:

### 1. Where are you based for most of the time?

Please name: the building, the floor and the room number.

### 2. Do you routinely use more than one location in this building?

**YES** **[ ]  NO** **[ ]**

If you feel it is necessary please provide further details below. (Please list the buildings and floors you used in each building)

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# Awareness of Emergency Evacuation Procedures:

### 3. Are you aware of the emergency evacuation procedures which operate in the building(s) you attend?

**YES** **[ ]  NO** **[ ]**

### 4. Do you require written emergency evacuation procedures?

**YES** **[ ]  NO** **[ ]**

4a.) Do you require written emergency procedures to be supported by Sign Language interpretation?

**YES** **[ ]  NO** **[ ]**

4b.) Do you require the emergency evacuation procedures to be in Braille?

**YES** **[ ]  NO** **[ ]**

4c.) Do you require the emergency evacuation procedure to be on tape or audio?

**YES** **[ ]  NO** **[ ]**

4d.) Do you require the emergency evacuation procedures to be in large print?

**YES** **[ ]  NO** **[ ]**

### 5. Are the signs which mark emergency routes and exits clear enough?

**YES** **[ ]  NO** **[ ]**

# Emergency Alarms:

### 6. Can you hear the fire alarm(s) in your place(s) or work?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

### 7. Could you raise the alarm if you discovered a fire?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

# Assistance:

### 8. Do you need assistance to get out of your place of work in an emergency?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

If **NO** please go to Question 12

### 9. Is anyone designated to assist you to get out in an emergency?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

If **NO** please go to Question 11. If **YES** give name(s) and location(s)

### 10. Is the arrangement with your assistant(s) a formal arrangement i.e. with department person?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

10a.) Are you always in easy contact with those designated to help you?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

### 11. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

# Getting Out:

### 12. Can you move quickly in the event of an emergency?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

### 13. Do you find stairs difficult to use?

**YES** **[ ]  NO** **[ ]  DON’T KNOW** **[ ]**

### 14. Are you a wheelchair user?

**YES** **[ ]  NO** **[ ]**

**-------------------------------------------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 send completed form to:

FP&M Facilities Access Specialist

610 Walnut Street, 915 WARF Building, Madison, WI 53726-2397

E-Mail: vtantivivat@fpm.wisc.edu Fax: 608-265-3139

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|  |
| --- |
| To be completed by Campus Corresponding Staffs (May require to develop more than one plan for more than one building). |

# PERSONAL EMERGENCY EVACUATION PLAN FOR

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AWARENESS OF PROCEDURE

The disable person is informed of a fire evacuation by:

Existing alarm system [ ]
Pager device [ ]
Visual alarm system [ ]
Other (please specify) [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DESIGNATED ASSISTANCE:

(The following people have been designated to give me assistance to get out of the building in an emergency).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# METHODS OF ASSISTANCE:

(i.e.: Transfer procedures, methods of guidance, etc.)

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# EQUIPMENT PROVIDED (including means of communication):

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# EVACUATION PROCEDURE:

(A step by step account beginning from the first alarm)

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# SAFE ROUTE(S):

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