**Emergency Evacuation Questionnaire**

**Why you should fill in the form?**

Primary Care 24 has a legal responsibility to protect you from fire risks and for your health and safety at work. To do this properly we need to know:

* if you need information about our Emergency Evacuation procedures
* if you need assistance during an emergency.

Please take a few minutes to complete this form.

**What will happen when you have completed the form?**

We will be able to provide you with information you need about the emergency evacuation procedures in the building(s) in which you work.

If you need assistance during an emergency, your manager will be able to work out a “Personal Emergency Evacuation Plan” (PEEP) for you. To do this, you and your manager will discuss the best ways of getting you out quickly and comfortably. Your manager will involve you and any identified assistant. A copy of the completed PEEP will be given to your Building Manager/Practice Manager or Shift Manager and will be kept in the ‘emergency grab bag’.

**We do not see you as a safety risk. The problem belongs to PC24 and the building in which you work.**

**Name** :

**Job Title**:

**Department** :

**Brief Description of Duties**:

**Location**

**1. Where are you based for most of the time? Please name: the building and location within the building**

Building:

Floor:

Room/area:

**2. Will your job take you to more than 1 location in the building in which you are based?**

Yes or No:

**3. Will your job take you to different buildings?**

Yes or No:

**Awareness of Emergency Evacuation Procedures**

**4. Are you aware of the emergency evacuation procedures that operate in the building(s) in which you work?**

Yes or No:

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

Yes or No:

**Emergency Alarms**

**6. Can you hear the fire alarm(s) provided in your place(s) of work?**

Yes or No:

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

Yes or No:

**Assistance**

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

Yes or No or Don’t Know:

If NO, please go to question 11

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

Yes or No or Don’t Know:

IF YES, give name(s) and location(s)

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

Yes or No or Don’t Know:

**Getting Out**

**11 Can you move quickly in the event of a fire?**

Yes or No

**12 Do you use a wheelchair?**

Yes or No

Thank you for completing this questionnaire. The information you have given us will help PC24 to meet any needs for information or assistance you may have.

**Remember, we do not see you as the problem – you are not a safety risk. The problem belongs to PC24 and the building in which you work.**

**Please return completed form to your manager.**

–––