**Employees name:**

**Workplace:**

**Tel no:**

**Additional Assistance Required: Temporary/Permanent (delete as appropriate)**

Details begin here…

## *All sections of this plan are to be completed by the person affected and their line manager. A copy should be retained by the line manager and shared with person(s) in control of evacuations for the workplace (named in the fire plan for that workplace. In the Civic Centre this will be the Evacuation Coordinators and Assembly Point Coordinators. A copy should also be kept in the employee’s personal file in Human Resources.*

**Additional Equipment Required as part of the PEEP:**

Details begin here…

**Agreed Evacuation Plan:**

Details begin here…

**Employee’s Signature:**

**Line Manager’s Signature:**

**Date:**

**Date PEEP will be reviewed:**