

Personal Emergency Evacuation Plan (PEEP)

Do you need assistance to evacuate the building in an emergency? If yes, please complete this form; it provides important information to assist the Queensland Fire and Emergency Services if there is an emergency at your complex.

The PEEP Form is stored in the fire panel/box at your complex. QFES access the information should there be an emergency on site.

This form can be completed electronically at www.bhcl.com.au

Your name

Your address

Your floor

Any other location identifiers for your apartment

Number of people in your household (including you)

Is an Assistance Animal involved? Please detail

Do you need assistance to evacuate? Please tick the support you may need:

Cannot use evacuation stairs

Need help with evacuation stairs

Unable to move to assembly area unaided

Emotional support to exit in an emergency

Other:

Please tick the medical or other conditions that may impact upon you in an emergency:

Minor vision impairment

Significant vision impairment*

Minor hearing impairment

Significant hearing impairment*

Minor physical / mobility concerns

Significant physical / mobility concerns

Bed-confined or wheel chair dependent

Other:

*Note explore need/availability for visual alarm/vibrating device etc

Do you use mobility aids?

Walking stick

Wheeler Walker

Wheel Chair (motorised)

Wheel Chair (manual)

Motorised scooter

Other:

If willing, please indicate medical or other conditions that may impact your ability to self evacuate:

Symptoms from stroke, cerebral palsy, muscular dystrophy, multiple sclerosis or similar

Symptoms of Alzheimer's, Dementia, Parkinson's disease, Huntington's disease, Dyspraxia or similar condition

Known heart condition

Agrophobia or similar

Asthma or breathing condition

Oxygen or similar therapy

Other:

Is there any additional medical information you would like to provide?

HM/Occupant; are there other factors to consider/plan? Please tick/comment

Assistance to know an emergency is occurring (eg. can't hear alarms)

Additional assistance to understand evacuation procedures and routes.

Occupant: Is there any additional information you would like to record?

For example, designated assistant contact information, or specific requests for evacuation assistance.

Occupant to consider how they may best respond to a fire/alarm given their disability/medical conditions. Some points to consider as part of occupant decision making:

Is fire in your unit?

- Potentially evacuate to balcony or exit unit and make way to fire stairs (whichever is safer); close doors behind you

Is fire in complex? Options may include:

- stay in your unit and wait for assistance *or*
- make your way to fire stairs and wait for assistance to use stairs

Would you like a referral to assist with decision making around the above? Yes

Occupant Approved Signature:

Date:

BHC Staff:

Signature:

Date:

Office use only

Copy to tenant

Original complex fire panel

Update schedule

Scan to file

Basix Note