



Curtin University PERSONAL EMERGENCY EVACUATION PLAN (PEEP)	
Name	
Preferred contact number	
Email address	
Emergency Contact	
Location (most frequent) Building	
Unit Coordinator/Lecturer/Line Manager/Supervisor(s)	
Is an assistance animal involved?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Have you been briefed regarding evacuation procedures at Curtin?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you read the Evacuation Guidelines for People with Disabilities?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Brief description of Disability or Limitations?	
Type of Assistance Required? (Please list procedures necessary for assistance, e.g. Transfer procedures, method of guidance, etc.)	
What equipment is required for evacuation?	
Egress procedure (Step by step details)	



Designated assistant	
Chief Warden details name/location/number/email	
Is your designated assistant(s) familiar with the evacuation procedures at Curtin University?	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Has your designated assistant(s) read the Evacuation Guidelines for People with Disabilities?	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>
Evacuation Diagram supplied?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SafeZone App	
Plan supplied to: <ul style="list-style-type: none"> • Chief Warden • Safer Community Team • AccessAbility Service • Lecturer(s) 	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

PLEASE NOTE – This plan is specifically designed for you and the locations you most frequent. If you move work or study locations or if your ability or limitation changes in any way please notify the Emergency Management Team to enable this plan to be reviewed and amended as needed.

Issue Date:

Review Date:

Owner Approved:

Date:

Manager, Emergency Preparedness:

Date: