EMERGENCY EVACUATION ASSESSMENT

TO BE COMPLETED BY HIRER IF ANY ATTENDEE REQUIRES ADDITIONAL HELP OR SUPPORT

Do you require fire safety information in an alternate format? (e.g. braille, largeprint, audio, BSL or another language):

☐ No ☐ Yes If yes, which format: .....

Do you have any problems reading and identifying emergency signs on evacuation routes and emergency exits?

☐ No ☐ Yes If yes, please provide details: .....

.....

.....

Do you have any problems with hearing fire alarms?

☐ No ☐ Yes If yes, please provide details: .....

.....

.....

Would you have difficulty raising the alarm if you discovered a fire?

☐ No ☐ Yes If yes, please provide details: .....

.....

.....

Would you struggle to travel quickly and independently to the nearest emergency exit?

☐ No ☐ Yes If yes, please provide details: .....

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Do you find using stairs difficult?

☐ No ☐ Yes If yes, which format: .....

Do you require the use of a wheelchair for mobility?

☐ No ☐ Yes If yes, please provide details: .....

.....

.....

Have you read and understood the evacuation procedures for the building in which you are attending?

☐ No ☐ Yes

Do you have any special evacuation requirements?

☐ No ☐ Yes If yes, please provide details: .....

.....

.....

Your required specialist equipment is:

.....

.....

You require ..... people to assist you to evacuate. The designated person(s) are:

.....

.....

Your agreed procedure is as follows:

.....

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