**PERSONAL EMERGENCY EGRESS PLAN**

**STUDENTS - ALL**

**PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | **Alison Brown** (fictional) | Date of issue: | 05 October 2015 |
| Emergency contact details (i.e. mobile phone No) | | **01234 567890** | |

**PLACE OF STUDY (Separate plan required for each building / location used):**

|  |  |
| --- | --- |
| Building | Chemistry |
| Floor | 2 |
| Room Number | Perkin Lab |
| Times when applicable | 0900 – 1700 Monday to Friday |

**PERSONAL AWARENESS OF PROCEDURES:**

|  |  |  |
| --- | --- | --- |
| Knows how to raise the alarm | Yes | Can operate a call point. |
| Will know when alarm raised | Yes | Issued a vibrating pager as part of this plan. |
| Knows how to exit | Yes | Has been shown exit routes. |
| Knows where to assemble | Yes |  |

**EGRESS PROCEDURE:**

Alison has a **hearing impairment** and may not hear a fire alarm.

The Fire Office has issued Alison a vibrating pager which will activate when the fire alarm sounds.

Alison will keep the pager on her person at all times when in the Chemistry building (or other buildings on South Kensington campus).

On activation of the pager, Alison will make her way out of the building and go to one of the two assembly points.

Alison will **notify Security** either verbally or by phone **(020 7589 1000)** when safely out of the building.

Alison will check the pager each day to confirm battery condition and if it is low, change the battery at the earliest opportunity.

Alison will observe all guidance in the supplied pager user manual, paying particular attention to the **types of battery** that are acceptable for working in a potentially **flammable or combustible atmosphere** (where appropriate).

Should the pager develop a fault then Alison will contact the Fire Office for a replacement without delay.

**DESIGNATED ASSISTANCE**:

Where applicable, the following people have been designated to give assistance to the person this plan applies to.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | N/A | Location: |  |
| Contact details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
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| Name: |  | Location: |  |
| Contact details / phone number: | |  | |
|  | | | |
| Name: |  | Location: |  |
| Contact details / phone number: | |  | |

Designated assistants have been trained in the emergency procedures drafted No

**SIGN-OFF:**

|  |  |
| --- | --- |
| **Building User**  (Consenting for distribution as below) | Alison Brown |
| **Assessor** (print name and sign)  (To distribute as below) | Brian Smith Brian Smith |

**IMPORTANT**

Copies of this plan **must** be provided to:

* The person the plan applies to
* The Assessor (person responsible for the Student’s general safety)
* Security Control (who may forward to local security control rooms)
* All designated assistants
* Building Manager
* Fire Safety Office
* Head of the Disability Advisory Service

**This plan is to be reviewed at least annually or upon any material change of circumstance if sooner**