



Personal Emergency Evacuation Plan (PEEP)

This voluntary Personal Emergency Evacuation Plan is for a resident who has agreed to create a plan to support safe evacuation during emergencies, based on identified needs and available supports.

Resident information

Name:

Suite #

Contact info:

SRO location and staff member creating plan

Building name:

Building address:

Staff name:

Date plan created:

Date updated:

Disability

☐ Hearing Impaired

☐ Deaf

☐ Cognitive Impairment

☐ Vision Impaired

☐ Blind

☐ Multiple Disabilities

☐ Mobility Challenged

☐ Reduced Motor Function

Adaptive devices required

Check item/s needed:

☐ Fire Alarm Strobe Lights

☐ Bed Shaker

☐ Handrails both sides of exit stairs

☐ Smoke Alarm Strobe Lights

☐ Wayfinding Beacons

☐ Non-Slip Surface

☐ Fire Alarm Low Frequency

☐ Tactile Warning

☐ Simplified Messaging

☐ Audible Device

☐ Braille Instruction Signs

☐ Relocate to ground floor

☐ Text-Based Alert (SMS)

☐ High-Contrast Visual Signs

☐ Other (provides notes below)

☐ Accessible Handles/ Controls



Buddy System

To support safe evacuation during emergencies, please list up to two trusted individuals who have agreed to assist you if needed. Read more '[About the Buddy System](#)'

Name of Buddy #1:

Suite #

Contact info:

Agrees to: ☐ Knock on door to alert resident ☐ Text resident to alert ☐ Phone to alert

☐ Guide to assembly area ☐ Provide support and guidance ☐ Assist with stairs

☐ Resident to defend in place and report to Fire Safety Director ☐ Other (provide notes)

Notes:

Name of Buddy #2:

Suite #

Contact info:

Agrees to:

☐ Knock on door to alert resident ☐ Text resident to alert ☐ Phone to alert

☐ Guide to assembly area ☐ Provide support and guidance ☐ Assist with stairs

☐ Resident to defend in place and report to Fire Safety Director ☐ Other (provide notes)

Notes:

Testing and acceptance

Please review the following questions to assess whether the resident's adaptive devices and designated buddies can effectively support emergency alerting and evacuation.

1. Do the adaptive devices allow for the alerting of an emergency? ☐ Yes ☐ No

2. Do the adaptive devices allow for independent evacuation of the building? ☐ Yes ☐ No

3. Do the actions of the buddy provide alerting of an emergency? ☐ Yes ☐ No

4. Do the actions of the buddy assist in evacuating the building? ☐ Yes ☐ No

Frequency of plan review

Use the checklist with the resident and buddies to decide how often to review their evacuation plan, based on safety protocols and changes in health or needs.

	Resident	Buddy #1	Buddy#2
Annual Fire Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Two Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Watch Activation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan B – In case of Fire Watch Order

If fire safety systems aren't working and a Fire Watch is in place, write down how the resident will be alerted and evacuated. (A Fire Watch is a temporary safety measure required by fire codes. [Learn more](#) about Fire Watch Orders)

Note alternative plan:

Plan agreement and acknowledgement

Sign below to confirm understanding of the plan and agreement to the roles outlined.

Resident signature:	
Buddy # 1 signature:	
Buddy # 2 signature:	
Staff signature:	