

Appendix 3

EMERGENCY EGRESS QUESTIONNAIRE FOR DISABLED STAFF/ STUDENTS

This questionnaire is intended to be completed by disabled persons to aid in the development of a Personal Emergency Evacuation Plan with the School Safety Coordinator/Disability Coordinator. If you do not feel comfortable in answering any of the questions and only want to use the form as a proforma for developing the plan in a meeting with the Safety Coordinator/Disability Coordinator then that is acceptable. However if you do not provide information which is necessary then the Safety Coordinator/Disability Coordinator may not be able to develop a suitable plan.

Once developed the Plan will be the intended means of escape in the event of an emergency (including drills). If you or the School Safety Coordinator/Disability Coordinator consider there to be significant issues raised by this process that will require attention please contact the University EHSS Office for assistance in finding suitable solutions.

1. Why you should fill in the form

As your employer, the University of St.Andrews has a legal responsibility to protect you from fire risks and ensure your health and safety at work. To do this properly we need to know:

- if you require information about our emergency egress procedures: **and**
- if you need assistance during an emergency.

It shouldn't take you more than a few minutes to complete the form.

2. What will happen when you have completed the form?

You will be provided with any additional information necessary about the emergency egress procedures in the building(s) in which you work. If you need assistance, the "Personal Emergency Egress Plan" will specify what type of assistance you need. It will then be up to the School to assist you in providing this assistance. There may be some buildings where safe evacuation cannot yet be provided without alterations to the building. In these cases you will have to be patient whilst the solutions are considered and developed. In a few cases it may not be possible to provide safe access to the building, and other solutions will need to be found

Name _____

Job Title/Student Status _____

Department _____

Brief Description of Duties _____

or Studies _____

LOCATION

1. Where are you based for most of the time?

Please name: the building, the floor and the room number.

2. Do you routinely use more than one location in this building?

YES NO

If you feel it is necessary please provide further details below.

3. Do you routinely use other buildings?

YES NO

If you feel it is necessary please provide further details below.

AWARENESS OF EMERGENCY EGRESS PROCEDURES

4. Are you aware of the emergency egress procedures which operate in the building(s) in which you work?

YES NO

5. Do you require written emergency egress procedures:

5a YES NO

5b Do you require the emergency egress procedures to be in Braille?

YES NO

5c Do you require the emergency egress procedure to be on tape?

YES NO

5d Do you require the emergency egress procedures to be in large print?

YES NO

6. Are the signs which mark emergency routes and exits clear enough?

YES NO

EMERGENCY ALARM

7. Can you hear the fire alarm(s) in your place(s) or work?

YES NO DON'T KNOW

8. Could you raise the alarm if you discovered a fire?

YES NO DON'T KNOW

ASSISTANCE

9. Do you need assistance to get out of your place of work in an emergency?

YES NO DON'T KNOW

If **NO** please go to Question 13

10. Is anyone designated to assist you to get out in an emergency?

YES NO DON'T KNOW

If **NO** please go to Question 12. If **YES** give name(s) and location(s)

11. Is the arrangement with your assistant(s) a formal arrangement?

(A formal arrangement is an arrangement specified for them by the Head of Department or written into their job description or by some other procedure.)

YES NO DON'T KNOW

11a Are you always in easy contact with those designated to help you?

YES NO DON'T KNOW

12. In an emergency, could you contact the person(s) in charge of evacuating the building(s) in which you work and tell them where you were located?

YES NO DON'T KNOW

GETTING OUT

13. Can you move quickly in the event of an emergency?

YES NO DON'T KNOW

14. Do you find stairs difficult to use?

YES NO DON'T KNOW

15. Are you a wheelchair user?

YES NO

Thank you for completing this questionnaire.

The information you have given us will help us to meet any needs for information or assistance you may have.

Please return the completed form to : _____

Enter School Safety Coordinators's name above

PERSONAL EMERGENCY EGRESS PLAN FOR

Name _____
School/ Unit _____
Building _____
Floor _____
Room Number _____

AWARENESS OF THE NEED TO EVACUATE

I am informed of an emergency requiring evacuation by :

Building fire alarm system
Fire alarm pager device
visual alarm system
Other (please specify) _____

EGRESS PROCEDURE :

(A step by step account beginning from the first alarm).

➤ **Safe Routes to an identified refuge or final exit**

➤ **Communication link with assistance**

➤ **Methods of assistance** (eg: Transfer procedures, methods of guidance, etc.)

DESIGNATED ASSISTANCE:

(The following people have been designated to give me assistance to get out of the building in an emergency).

Name _____

Contact details _____

Name _____

Contact details _____

Name _____

Contact details _____

EQUIPMENT PROVIDED :

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