**PERSONAL EMERGENCY EGRESS PLAN**

**VISITOR**

**Revision No: 2 Date: 11/07/2023**

This form is to be completed by the event organizer / sponsor / host, from information obtained from the visiting organization / person.

In sufficient time ahead of the event (ideally at least one week), the completed form is to be distributed to:

* The person the plan applies to
* Security Control
* Fire Safety Office
* All persons who have a role in executing the plan (carers, stewards, buddies etc.)

This is to allow efficacy of the plan to be assessed and adjusted where necessary, and for Security to embed the plan within the wider evacuation strategy.

**EVENT DETAILS:**

|  |  |
| --- | --- |
| Event title: |  |
| Location: |  |
| Date(s) and timing: |  |

**VISITOR PERSONAL DETAILS:**

|  |  |
| --- | --- |
| Name: |  |
| Emergency contact details (i.e. mobile phone No) |  |
| Nature of disability or impairment*(broad description only, i.e. wheelchair user, hearing or sight impairment, cannot descend stairs without help etc.)* |

**EGRESS PROCEDURE:**

*Details to be provided here of the specific emergency procedures agreed between the organizer / sponsor / host from first alarm up to the visitor arriving at the agreed external assembly point. The details provided should include a step-by-step account of the process. It should identify any persons nominated to assist, agreed safe routes, any refuges or equipment (such as vibrating pagers, evacuation chairs etc.) that are part of the plan along with agreed communication methods.*

*Where physical assistance is required, it should not rely on others having to travel to the building which might result in unnecessary delay and risk of serious harm.*

*Where the plan relies on protection by the buildings structural features and installed systems (such as fire resisting construction or operation of firefighters lifts), advice should be sought from the Fire Safety Office.*

**DESIGNATED ASSISTANCE**:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | From: | *(department / organization)* |
| Contact details / phone number: |  |
|  |
| Name: |  | From: | *(department / organization)* |
| Contact details / phone number: |  |
|  |
| Name: |  | From: | *(department / organization)* |
| Contact details / phone number: |  |
|  |
| Name: |  | From: | *(department / organization)* |
| Contact details / phone number: |  |
|  |
| Name: |  | From: | *(department / organization)* |
| Contact details / phone number: |  |

Designated assistants have been / will be briefed on the emergency procedures Select

**SIGN-OFF:**

|  |  |
| --- | --- |
| **Organiser / host / sponsor**(print name and sign) |  |

**IMPORTANT**

**THIS PLAN MUST BE REVIEWED AND RESUBMITTED SHOULD THERE BE ANY MATERIAL CHANGE OF CIRCUMSTANCE BEFORE OR DURING THE EVENT.**

**SECURITY CONTROL ARE TO BE NOTIFIED WHEN THE PLAN IS NO LONGER REQUIRED.**