



Emergency Evacuation Assessment

Why this form is important?

The Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999, the Disability Discrimination Act 1995 and The Fire (Scotland) Act 2005, place duties on West Oxford Community Association (WOCA) to implement effective arrangements for access and emergency evacuation for employees and visitors. We would ask that you complete this form so that we may establish any particular needs that you may have to enable you to safely evacuate the building. Any detail you provide will be handled in confidence and stored only, with your consent, with the necessary parties required to ensure your safety and that of others.

This form is confidential.

Visitor Name: _____

Organisation (if any): _____

Date Completed: _____

A: Usual Location in the Centre

B: Evacuation Details

1. If your activity takes you to more than one location in the building please describe these areas.

2. Would it help you if you were to be provided with a written emergency evacuation procedure?

Yes:

No:

3. Do you require the emergency evacuation procedures to be provided in an alternative format e.g. BSL, Braille, tape, large print etc?

Yes:

No:

4. Do you have any problems reading and identifying the signs that mark the emergency exits and evacuation routes to the emergency exits?

Yes:

No:

5. Do you have any problems hearing the fire alarm provided in the centre?

Yes:

No:

6. Would you experience any problems raising the alarm if you discovered a fire?

Yes:

No:

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

Yes:

No:

Don't Know:

8. Are you likely to experience difficulties independently travelling to the nearest emergency exit for a safe and timely evacuation?

Yes:

No:

Don't Know:

9. Are you dependent on a wheelchair for mobility?

Yes:

No:

10. If you use a wheelchair would you have problems being able to transfer from your wheelchair without assistance?

Yes:

No:

11. General Comments (to include any relevant information not already identified above)

If you have ticked "YES" to any of the above then the Personal Emergency Evacuation Plan in Appendix A should also be completed

Appendix A

Personal Emergency Evacuation Plan

This form should be completed for anyone who requires assistance with ANY aspect of emergency evacuation. The plan should include assistance required from the point of raising the alarm to passing through the final exit of the building.

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A copy of the completed form will be held by Centre Staff

A: Alarm System

1. I am able / unable to raise the alarm (delete as appropriate).

If unable to raise the alarm independently please detail agreed alternative procedures.

2. I am informed of an emergency evacuation by:

Existing audible alarm system: Vibrating pager:

Visual alarm system: Other (please specify):

B: Evacuation Procedure (step by step account starting when alarm raised and finishing on final exit)

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C: Designated Assistance (details of EVAC Team roles designated to assist in executing evacuation plan)

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D: Equipment Provided and its Location

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E: Safe Routes (description of the primary and secondary escape routes)

<p><i>A building layout plan should be attached to this form with routes clearly marked.</i></p>

I am aware of the emergency evacuation procedures and believe them to be appropriate to the needs identified above:

Signature: _____	Date: _____
Name (please print): _____	
Assessor Signature: _____	Date: _____

For further help and advice, please contact:

The Manager, West Oxford Community Centre, Botley Road, Oxford OX2 0BT
westoxfordcc@gmail.com; 01865 245761

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