**Please read the letter and information sheet accompanying this questionnaire.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may need a PEEP if you have a disability or medical condition, such as those listed below which may affect your ability to evacuate a building unaided:

* Auditory impairment
* Visual impairment
* Cognitive impairment
* Mobility impairment

When considering your answer, consider if you are able to:

* Become aware of the need to evacuate
* Evacuate promptly without impeding the escape of other persons
* Evacuate without causing distress to yourself or others

Do you feel that you have a disability or medical condition that would impact on your ability to evacuate promptly and safely? YES/NO

If you answer YES to the above question, please return this form to [healthandsafety@tees.ac.uk](mailto:healthandsafety@tees.ac.uk)

A member of the Health & Safety Team will then contact you to discuss this matter in more detail and ascertain the requirements of your PEEP.

*(If your answer is NO, no further action is required and you do not need to return this form)*

If you require more information on the University PEEP procedures or have any other questions relating to this, please contact the Health & Safety department or you may wish to view our [PEEP’s procedure](https://unity3.tees.ac.uk/departments/HR/Pages/Team/Health-Safety.aspx#Documents).