

Location:	Date:	
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SECTION 1. Building Details

Number of floors (including ground and basement)	
Designated assembly area located at:	
Emergency Controller (EC) name:	
Warden name(s):	

SECTION 2. Evacuation Details

Date of evacuation:		Time of evacuation:	
Trigger for evacuation	Fire Alarm <input type="checkbox"/>	Request by Phone <input type="checkbox"/>	Announcement <input type="checkbox"/>

Details of Evacuation:

Elapse time from alarm	TIME	TIME	TIME
Alarm raised		Arrived assembly area	
Warden response		Warden personnel count	
Evacuation commenced		Evacuation completed	
Warden check of floors		Evacuation terminated	
Warden report clear		Number of evacuees	

Total elapsed time to evacuate in minutes [from alarm to completion] minutes

Were any "disabled" person identified and escorted to safe zones? Yes No

Did any Wardens encounter resistance issues/refusal to leave? Yes (action required) No

SECTION 3. Emergency Control Details

Was EC stationed at meeting point?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did all Wardens report to the EC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Were all Wardens and Emergency Controller identified?[i.e. helmets / safety vests]	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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Was control of external building EXITS achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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Were Wardens warned / notified of this drill?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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Did Wardens conduct their duties correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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Was evacuation debriefing conducted with Wardens?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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Are evacuation maps, egress routes, emergency posters up-to-date and displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
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SECTION 4. Building Fire and Emergency Equipment

Was the evacuation signal audible throughout the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
Did automatic closing fire / smoke doors close when the fire alarm activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
Did ALL access control doors unlock when activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
Were fire doors and emergency EXITS unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (action required)
Was fire fighting equipment utilised? [if so detail below]	<input type="checkbox"/> Yes (action required) <input type="checkbox"/> No
Were any Emergency Services involved? <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Other	

SECTION 5. Action Requirements (items indicated as "action required" to be listed below)

Report any issues or concerns in relation to the evacuation drill in the table below. All issues shall be followed up by the relevant parties in a timely manner.

Issues	Action(s) required	By who?

Form completed by:	Signature:	Date:

After completion of this form, a copy is to be forwarded to the Company Director, along with any recommendations or suggestions and a copy of the completed form is to be discussed at the Health and Safety Meetings. The Chief Executive shall ensure that any required actions are conducted and followed up as required.

All required action completed on: Date _____

Signature/Name : _____