**Evacuation Report Form**

|  |  |
| --- | --- |
| Worksite: | Date: |
| Recorded by (Fire Warden name): |
| **Exercise scenario:** |
| * Fire Drill/ Fire
 | * Explosion
 |
| * Bomb threat
 | * Gas leak/ air borne contaminants
 |
| * Other – please specify
 |

**Sequence of Events**

|  |  |  |  |
| --- | --- | --- | --- |
| **EVACUATION SEQUENCE AND CHECKLIST** | **YES** | **NO** | **TIME****Hours/Minutes** |
| Alarm activated and functioned correctly? |  |  |  |  |
| Warden(s) responded |  |  |  |  |
| Warden(s) verified emergency |  |  |  |  |
| Staff alerted  |  |  |  |  |
| Evacuation commenced |  |  |  |  |
| Have mobility impaired persons been evacuated? |  |  |  |  |
| Wardens reported floor / area is clear |  |  |  |  |
| Wardens ensured all personnel are present and accounted for |  |  |  |  |
| Evacuation completed |  |  |  |  |
| Exercise completed |  |  |  |  |
| **Comments:** |

**Evacuation Evaluation Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **N/a** | **Comment** |
| Did staff follow proper procedures for scenario? |  |  |  |  |
| Did occupants evacuate methodically? |  |  |  |  |
| Was emergency confined to area of origin? |  |  |  |  |
| Were emergency services called promptly? |  |  |  |  |
| Were all areas of the office searched? |  |  |  |  |
| Was the designated evacuation route taken? |  |  |  |  |
| If not, was the most appropriate evacuation route taken? |  |  |  |  |
| Was the evacuation route clear of obstructions? |  |  |  |  |
| Did all people go to and stay at assembly point? |  |  |  |  |
| Did anyone re-enter the building before the all-clear? |  |  |  |  |
| Were emergency services liaised with? |  |  |  |  |
| Correct information given to emergency services? |  |  |  |  |
| Was an Accident/Incident/Near Miss Form completed? |  |  |  |  |
| Any difficulties noted during the exercise? |
| Suggested actions to improve: |