|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Company Name: | | | | |
| Site / Location: | | | | | |
| Evacuation Process | | | | | Time |
| Time alarm sounded | | | | | |
| Did person who initially discovered the emergency act calmly and correctly? | | Yes | No | N/A |  |
| Was alarm sounded in accordance with plan? Was it effective? | | Yes | No | N/A |  |
| Could alarm be heard? | | Yes | No | N/A |  |
| Emergency coordinator(s) response | | | | | |
| Did wardens report to their emergency posts or relevant area? | | Yes | No | N/A |  |
| Evacuation commenced | | | | | |
| Was there any confusion from staff or other stakeholders? | | Yes | No | N/A |  |
| Did staff react rationally and maturely? | | Yes | No | N/A |  |
| Was evacuation conducted in an orderly fashion? | | Yes | No | N/A |  |
| Were there any obstructions or problems evacuation paths or fire exits? | | Yes | No | N/A |  |
| Was the appropriate emergency equipment available? E.g. fire extinguishers etc. | | Yes | No | N/A |  |
| Emergency coordinators report floor / area clear | | | | | |
| Did wardens/supervisors conduct a search to ensure no one was left behind? | | Yes | No | N/A |  |
| Were aged persons or persons with disabilities accounted for? | | Yes | No | N/A |  |
| Arrival at Assembly Area / Safe Place | | | | | |
| Did staff move to the designated assembly areas? | | Yes | No | N/A |  |
| Was roll checked in assembly area? | | Yes | No | N/A |  |
| Was a roll call reported to Chief Warden and Fire Service? | | Yes | No | N/A |  |
| Evacuation completed | | | | | |
| Was a log of events maintained? | | Yes | No | N/A |  |
| Exercise terminated | | | | | |
| Comments or suggestions for improvement: | | | | | |
| Observer: | Date: | | | | |