

BUILDING-SITE EVACUATION REPORT

This form is to be used to record occasions when Emergency Procedures are activated, including drill or planned Emergency Evacuations. The report is to be completed by either:

- Chief Warden, Deputy Warden, Area Warden or Senior Manager on Site.
- Alternatively, the report can be completed by a staff member performing in an Emergency Management role should any of the above be absent.

Building Details:	
Building / Site Name:	Number of Floors:
Date / Time of evacuation:	Number of Occupants:

Evacuation Details:	
Evacuation Type:	<input type="checkbox"/> Drill <input type="checkbox"/> Alarm Response <input type="checkbox"/> Live Emergency
Was Notice given to occupants:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what date/time:
Incident Reported by:	
Reported to:	
Observer:	
Assembly Area:	

Organisation of Drill		
Pre Event Steps	Yes	No
Consulted with, Senior Managers, Chief Wardens and Area Wardens	<input type="checkbox"/>	<input type="checkbox"/>
Chief Wardens and Building Wardens consulted with Floor Wardens	<input type="checkbox"/>	<input type="checkbox"/>
Chief Wardens and Building Wardens consulted with all staff	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Conduct of Evacuation			
Emergency Warden Actions	Yes	No	Time
Incident/Emergency Situation Reported to Executive Director or 000?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Situation reported to Building or Area Warden?	<input type="checkbox"/>	<input type="checkbox"/>	
Chief Warden or Emergency Coordinator Notified?	<input type="checkbox"/>	<input type="checkbox"/>	
Contractors log checked to identify if contractors need to be specifically advised?	<input type="checkbox"/>	<input type="checkbox"/>	
Building or Area Warden attends EWIS Control Panel? (if fitted)	<input type="checkbox"/>	<input type="checkbox"/>	
If available via EWIS, Floor Wardens contacted by Area Warden/Building Warden?	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Services contact confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	
Persons in immediate danger removed from point of origin?	<input type="checkbox"/>	<input type="checkbox"/>	
Safe egress and assembly areas determined?	<input type="checkbox"/>	<input type="checkbox"/>	
All Wardens wearing identification hats?	<input type="checkbox"/>	<input type="checkbox"/>	
Others in building or immediate area notified to evacuate?	<input type="checkbox"/>	<input type="checkbox"/>	
Point of origin location closed off and contained (close doors and windows)?	<input type="checkbox"/>	<input type="checkbox"/>	
Full evacuation of building initiated?	<input type="checkbox"/>	<input type="checkbox"/>	
Minimal removal of personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	
Any action on fire (use of extinguishers)?	<input type="checkbox"/>	<input type="checkbox"/>	
Did someone direct Emergency Services to the building?	<input type="checkbox"/>	<input type="checkbox"/>	
Was a site search required/undertaken to find persons who had not evacuated?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the evacuation orderly?	<input type="checkbox"/>	<input type="checkbox"/>	
Did all evacuees go to the nominated Evacuation Point?	<input type="checkbox"/>	<input type="checkbox"/>	
Was power/gas isolation required? Was this completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Were external exits controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
Was permission to re-enter the building given by Emergency Services before re-entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Operation of Building Emergency Equipment		
Item	Yes	No
Could the emergency alarm be heard throughout the building?	<input type="checkbox"/>	<input type="checkbox"/>
If card access systems in place, did access doors automatically release?	<input type="checkbox"/>	<input type="checkbox"/>
Were fire doors and emergency exits unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>
Was all Emergency Procedure signage in place?	<input type="checkbox"/>	<input type="checkbox"/>
Did all Wardens have full knowledge of emergency procedures for building?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

General information		
Item	Yes	No
Did Emergency Services attend?	<input type="checkbox"/>	<input type="checkbox"/>
Approximate total number of persons evacuated?		
Main assembly area used?		
Number of mobility impaired persons assisted?		
Time incident commenced?		
Time re-entry allowed?		
Were buildings/site occupants evacuated in any particular order?		
Did any building occupants fail to evacuate when instructed?		
If so, from which rooms?		
Other Comments:		

Debriefing Required: Yes No If yes planned for:

Improvement Action Plan		
Action taken/recommended	Person responsible	Timeframe

Building / Area Warden:	
Signature:	
Observer (during drills):	
Date:	

Original: Retained by Building/Area Warden | **Copies to:** Human Resources Team