[Insert organisation name/logo]

# EMERGENCY EVACUATION REPORT

|  |  |  |  |  |
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| **1. EVACUATION DETAILS** | | | | |
| **Date and time of evacuation** | |  | | |
| **Office location** | |  | | |
| **Person/s leading the evacuation** | | □ Fire Safety Officer: **[insert name]**  □ Work Health and Safety Officer:  □ Other:  □ Other: | | |
| **Type of evacuation** | | □ Planned exercise □ False alarm**\*** □ Real emergency**\*** | | |
| \***Cause and details** | |  | | |
| **2. EVACUATION SEQUENCE** | | | | |
| **Method for initiating evacuation** | |  | | |
| **Time of initial alarm** | |  | | |
| **Time evacuation commenced** | |  | | |
| **Time office / building cleared** | |  | | |
| **Time all arrived at assembly point** | |  | | |
| **Time emergency declared over** | |  | | |
| **3. EVACUATION REVIEW** | | | | |
| **Time taken to complete evacuation** | |  | | |
| **Did all staff and visitors evacuate the office/building immediately upon hearing the alarm?** | | **□ Yes □ No** | | |
| **If no, detail who and the reasons:** | | |
| **Were emergency exits unobstructed?** | | **□ Yes □ No** | | |
| **If no, detail the obstruction** | | |
| **Were all staff and visitors accounted for at the assembly point?** | | **□ Yes □ No** | | |
| **If no, provide details** | | |
| **Were emergency services required and contacted?** | | **□ Yes □ No** | | |
| **If yes, provide details** | | |
| **Was fire safety equipment used prior to evacuation?** | | **□ Yes □ No** | | |
| **If yes, provide details** | | |
| **Additional comments/observations** | |  | | |
| **4. [INSERT ORGANISATION NAME] ACTIONS REQUIRED** | | | | |
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| **5. STATEMENT** | | | | |
| **Report completed by** |  | | | | |
| **Position** |  | | | | |
| **Signature** |  | | **Date** |  | |