[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 Warden: **[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** |  |