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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** WHS Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** 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** |
| **Did all staff and visitors evacuate the office immediately upon hearing the alarm?****If not, detail who and the reasons** | ** Yes ** **No**  |
| **Time taken to complete evacuation** |  |
| **Were emergency exits unobstructed?** **If no, detail the obstruction** | ** Yes ** **No** |
| **Were all staff, clients and visitors accounted for at the assembly point?** **If no, provide details** | ** Yes ** **No** |
| **Were emergency services required and contacted?** **If yes, provide details** | ** Yes ** **No** |
| **Was fire safety equipment used prior to evacuation?** **If yes, provide details** | ** Yes ** **No** |
| **Additional comments/observations** |  |
| **4. ACTIONS REQUIRED** |
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| Report completed by:  |
| Signature:  |
| Date:  |