**Fire and Emergency Evacuation Form**

Please use this form to record Emergency Evacuation Tests or Drills. As a minimum, the procedure should be practiced or tested every six months.

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| **Evacuation Details** |

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| Date of Drill: |  | Time of Drill: |

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| Evacuation Time (in minutes): |

Names of Fire Marshalls and Fire Wardens:

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| Was a Roll Call held at the assembly point? (Please circle): **YES NO** |

All accounted for?

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| --- | --- | --- | --- | --- |
| Employees: **YES NO** |  | Contractors: **YES NO** |  | Visitors: **YES NO** |

Number of employees involved:

Department / Shift Number involved

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| **The Fire Drill** |

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| Drill Organiser: |  | Premises of areas involved: |

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| 1. Was the alarm sounded promptly? **YES NO** |

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| 2. Could the alarm be heard throughout the premises? **YES NO** |

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| 3. Did the person chosen at random to sound the alarm understand the routine? **YES NO** |

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| 4. Did all staff understand the routine and act effectively? **YES NO** |

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| 5. Is there a need for further staff training or instruction? **YES NO** |

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| 6. Was a random activation point chosen? **YES NO** |

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| 7. Were there any other particular problems in the evacuation? **YES NO**  (If yes, please record details on following page) |

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| 8. Were all employees and visitors accounted for? **YES NO** |

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| 9. Was the evacuation the result of a false alarm? **YES NO** |

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| **Fire Drill Comments and Actions** |

Please record details of any problems or issues revealed by the drill. Set out details of the action you intend to take and the people nominated or required to take action.

Use the space below to record both positive and negative outcomes from the evacuation. Where problems are identified, consider and suggest remedial action. If the person completing this form is not the Responsible Person for fire safety matters or the Fire Safety Manager, make sure that they are made aware of any problems or issues that need resolution. Please summarise these in the next box.

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Summary of actions required:

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| **Confirmation** |

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| Name of person compiling this record: |

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| --- | --- | --- |
| Signature: |  | Date: |