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.

Evacuation Details Fire Drill		
Date of Drill: 23.8.2	7 Tir	me of Drill: 16-00
Evacuation Time (in minutes):	1	
Names of Fire Marshalls and Fire Wa	ardens:	
STUART CAMP	40 CARLE	
Was a Roll Call held at the assemb	ly point? (Please circle): YES	NO
	., po (1.10000 0.1101).	N. (1970)
All accounted for?		
Employees: YES NO	Contractors: YES NO	Visitors: YES NO
and the second	1	
Number of employees involved:	15	
Department / Shift	1)	Number involved
		Number involved
Department / Shift		Number involved
Department / Shift LOO Hive		Number involved
Department / Shift LOO Hive		Number involved

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The Fire Drill

Drill Organiser: STUART CAWHOR

Premises of areas involved: Renned /ARD

1. Was the alarm sounded promptly?

2. Could the alarm be heard throughout the premises? YES

NO

3. Did the person chosen at random to sound the alarm understand the routine? (YES)



NO

4. Did all staff understand the routine and act effectively? YES



NO

5. Is there a need for further staff training or instruction? YES

6. Was a random activation point chosen? YES



7. Were there any other particular problems in the evacuation? YES (If yes, please record details on following page)



8. Were all employees and visitors accounted for YES



NO

9. Was the evacuation the result of a false alarm? YES

Continued on next page



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.
Summary of actions required:
Confirmation
Name of person compiling this record: STUNT CAW110RUE Signature: Date: 23-5-23

