|  |  |
| --- | --- |
| **Date:**  | **Address:**  |
| **Project Details (if applicable):**  |
| **Scenario/Emergency:**  |
|  |
| **Evacuation Sequence** | **Completed** | **Time** | **Notes** |
| Alarm Sounded |  |  |  |
| Emergency Services Contacted |  |  |  |
| Wardens Respond |  |  |  |
| Wardens Check Floor/Area |  |  |  |
| Evacuation Commenced |  |  |  |
| Wardens Report Floor/Area Clear |  |  |  |
| Persons with Disabilities Accounted For |  |  |  |
| Arrive at Assembly Area |  |  |  |
| Evacuation Completed |  |  |  |

Times that each floor/area has evacuated from the building.

Time evacuation has commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Floor/Area** | **Time Out of Building** | **Comments/ Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Comments/Observations:**

**I.e. Has anyone refused to evacuate?**

I.e. Any cautions to offer to emergency services (e.g. chemicals present, location)

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**Staff:**

|  |  |
| --- | --- |
| **Name** | **Signature** |
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