

# EVACUATION EVALUATION REPORT

(This evaluation is conducted after drill.)

**DATE OF EVACUATION:**

**START TIME:**

**FINISH TIME:**

Who sounded the alarm?
Location of simulated fire:
Did staff gather at a designated assembly area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did public broadcast system announce location of fire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were all doors closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did Fire Wardens ensure corridors/stairwells were cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did fire alarm work properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were extinguishers brought to the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did staff follow proper procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has _____ / <b>Stanley</b> been notified to re-set the alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total time to evacuate:
Has staff been briefed about the drill? <input type="checkbox"/> Yes <input type="checkbox"/> No
Further comment(s):

**REPORT PREPARED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_