

FORM	
FIRE AND EVACUATION EXERCISE FORM	

Location:		Date:	
Recorded by:			
Time Exercise Started:		Time Exercise Ended:	
Staff on duty:	Position:	Role during exercise"	
Others Involved:	Observed response/ effect on person:		

EXERCISE SCENARIO			
Sequence of events:			
Event:	Comments:		
Alarm activated			
Staff respond			
Staff verify emergency			
OCC Notified			
Emergency services notified			
Evacuation begins			
Staff check all areas			
All people at assembly point			
All people accounted for			
Situation report given to emergency services			
Exercise completed			
Approximate Number of Evacuees:		Time to Evacuate all Personnel:	

FORM	
<b>FIRE AND EVACUATION EXERCISE FORM</b>	

EMERGENCY RESPONSE CHECKLIST			
Checklist Item	Y	N	Comment
When emergency started were all occupants alerted?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the alarm activated?	<input type="checkbox"/>	<input type="checkbox"/>	
Did staff follow proper procedures for scenario?	<input type="checkbox"/>	<input type="checkbox"/>	
Was emergency confined to area of origin?	<input type="checkbox"/>	<input type="checkbox"/>	
Were emergency services called promptly?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all areas of premises searched?	<input type="checkbox"/>	<input type="checkbox"/>	
Did staff wear emergency identification?	<input type="checkbox"/>	<input type="checkbox"/>	
Did occupants evacuate methodically?	<input type="checkbox"/>	<input type="checkbox"/>	
Were mobility impaired persons evacuated?	<input type="checkbox"/>	<input type="checkbox"/>	
Did anyone refuse to participate or follow instruction?	<input type="checkbox"/>	<input type="checkbox"/>	
Was a designated evacuation route taken?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, was the most appropriate evacuation route taken?	<input type="checkbox"/>	<input type="checkbox"/>	
Did all people go to and stay at assembly point?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all people accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	
Did anyone re-enter the building before the all-clear?	<input type="checkbox"/>	<input type="checkbox"/>	
Were emergency services liaised with?	<input type="checkbox"/>	<input type="checkbox"/>	
Correct information given to emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	

DEBRIEF
<b>Difficulties during exercise and suggested action</b> <div></div>

A copy of the completed form to be kept locally, a copy to be sent to HSQE Department