**Instructions: Complete this form when debriefing after the evacuation exercise or event and maintain on file**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Building Name Address Part of Building Time Evacuation Started Time Evacuation Ended** | | | | | | | | |
| **Activity** | | **Comments** | **Y/N** | **Action** | | **By Whom** | | **Sign Off** |
| Was the emergency identified and reported in accordance with the local procedure? | |  |  |  | |  | |  |
| Was the fire alarm sounded / initiated in accordance with the local procedure? Was a simulated call made to emergency services? | |  |  |  | |  | |  |
| Could alert and evacuation signals be heard throughout the location, if installed? | |  |  |  | |  | |  |
| Did the evacuation occur without difficulty? | |  |  |  | |  | |  |
| Did workers experience any difficulties in their work area? | |  |  |  | |  | |  |
| Did all people present follow instructions promptly? | |  |  |  | |  | |  |
| Was there any confusion? | |  |  |  | |  | |  |
| Was there any crowding during exit? | |  |  |  | |  | |  |
| Were all areas checked, where safe to do so? | |  |  |  | |  | |  |
| Were people with a disability accounted for? | |  |  |  | |  | |  |
| Were there any concerns noted upon exiting to the Assembly or Safe Area? | |  |  |  | |  | |  |
| Was a person designated to meet Emergency Services at the entrance? | |  |  |  | |  | |  |
| **Comments or Corrective Actions Identified:** | | | | | | | | |
| Assessor(s) - Position/Name/Signature |  | | | | **Date** | | / / | |