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

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| **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** |  / /  |