

Evacuation Report

Risk, Health and Safety

This form relates to OHS Procedure – [Incident and Emergency Management](#)

Campus:	<input type="text"/>	Building:	<input type="text"/>
Name of Area Warden:	<input type="text"/>	School / Centre:	<input type="text"/>
Planned drill?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Method used for initiating evacuation:	<input type="checkbox"/> Manual activation of alarm at fire indicator board <input type="checkbox"/> Other (e.g. automatic) specify: <input type="text"/>
Time of initial alarm:	<input type="text"/>	Time when last person exited the building/area:	<input type="text"/>
Could the alarm be heard in all locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	specify:	<input type="text"/>
Were difficulties encountered when conducting area search?	<input type="checkbox"/> Yes <input type="checkbox"/> No	specify:	<input type="text"/>
Were all occupants accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	specify who, why:	<input type="text"/>
List the Corrective Actions to be adopted as a result of this Evacuation	Person Responsible	Deadline	
Other Comments			
Signature	<input type="text"/>	Date:	<input type="text"/>

After completion of the evacuation, send a copy of this report to Risk, Health and Safety.

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.