

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

Campus: <input style="width:95%;" type="text"/>	Building: <input style="width:95%;" type="text"/>	
Name of Area Warden: <input style="width:95%;" type="text"/>	School / Section: <input style="width:95%;" 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 style="width:150px;" type="text"/>	
Time of initial alarm: <input style="width:150px;" type="text"/>	Time when last person exited the building/area: <input style="width:150px;" type="text"/>	
Could the alarm be heard in all locations? <input type="checkbox"/> Yes <input type="checkbox"/> No specify: <input style="width:300px;" type="text"/>		
Were difficulties encountered when conducting area search? <input type="checkbox"/> Yes <input type="checkbox"/> No specify: <input style="width:300px;" type="text"/>		
Were all occupants accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No specify who, why: <input style="width:300px;" type="text"/>		
List the Corrective Actions to be adopted as a result of this Evacuation	Person Responsible	Deadline
Other Comments 		
Signature	<input style="width:95%;" type="text"/>	Date: <input style="width:95%;" 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.