

BUILDING EVACUATION CHECKLIST

Location Name		Date:	
Evacuation Type			
Emergency		Drill	
Type of Emergency			
Fire		Medical	Bomb Threat
		Personal	Other: Specify:
Evacuation Details			
1. All personnel accounted for? (Attach roster to this form)		YES	NO
2. Evacuation Wardens all reported to assigned areas and performed duties?		YES	NO
3. Personnel exited using the nearest points of exit?		YES	NO
4. Persons with disabilities are accounted for?		N/A	YES
5. Visitors were properly directed?		N/A	YES
6. The alarm was audible throughout all areas?		YES	NO
7. No premature re-entry into either the site or office?		YES	NO
8. Was the local fire/police (emergency department) notified?		N/A	YES
9. Did the local fire/police (emergency department) participate?		N/A	YES
10. Did all personnel react quickly to the emergency/fire alarm and start evacuating once the alarm sounded. Did everyone seem to know the evacuation procedure and what to do when the alarm sounded? Total evacuation time?			
11. Were there any particularly congested exists or routes within the site/office? Give details of locations.			
Opportunities for Improvement			
Submitted by:		Reviewed by:	
(Chief Fire Warden)			
Signed:		Signed:	
Date:		Date:	