

Trial Evacuation Checklist

Name of Site or Premises:

Chief Warden: _____

Wardens on Duty: _____

Date: _____

Time: _____

Shift: _____

Report

Evacuation Time (actual minutes) _____

Alarm Bells Audible in all areas Yes No

Raised Alarm Yes No

Telephoned Fire Service (111) Yes No

Identification of Wardens Yes No

Evacuated Yes No

Assembled Yes No

Egress Satisfactory Yes No

Wardens to ensure that:

- Doors are closed especially smoke and fire doors
- Check toilets and Public areas
- Inform the head warden when areas are clear/not clear.
- Staff assembled at designated points.

Comments

Report review by Health and Safety Committee Yes No

Report completed and closed by: _____ Date _____