


BUILDING EVACUATION EVALUATION – FLOOR WARDEN

To ensure that any problems encountered during building evacuations are recorded for appropriate action, please complete one of these forms each time your area is evacuated and hand it to the Building Warden.

Campus:	Building Name;	Building No.	Floor No.
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Compiled by:	WIP Point:		
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a. Evacuation Time / Date:

Day:		Date:		Time:	
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b. Cause: (* Provide details in “d” below. Include how alarm was activated)

Genuine Emergency*: False Alarm*: Drill:

c. Evacuation Details: (* Provide details in “d” below)

- Were any parts of the building not evacuated? Yes* No
- Were any mobility-impaired people present? Yes* No
- Did anyone remain in the building after the evacuation? Yes* No
- Did anyone refuse to leave the building during the evacuation? Yes* No
- Were people prevented from re-entering the building until given the “all clear”? Yes* No
- Did the alarm system malfunction in any way? Yes* No
- Was there any confusion over evacuation routes or assembly areas? Yes* No
- Is any additional documentation required at your WIP? Yes* No
- Were any other faults or deficiencies noted?
(e.g. *procedures inadequate, announcements inaudible etc*) Yes* No
- Were there any obstructions, stored materials, equipment in exit corridors, exit doors or stairs? Yes* No

d. Additional information, including details from sections, “b”& “c” where required. Include floor numbers/room numbers where appropriate and any corrective action needed or taken.

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Please send the completed form to:
The Building Warden

