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| **Building Evacuation Checklist**  |
| **Building** |  |
| **Time commenced:** |  | **Day/Date:** |  |
| *If Fire Alarm -* |
| **Detector activated** |  TYPE: Smoke/Heat/Break Glass-Fire **\*** Circle as applicable ZONE: |
| **Location** |  (Floor or specific area) |
| **Confirm:*** Sentries deployed and building/s cordoned-off
* Traffic control measures in place
* Evacuees assembled at safe location/s
* TFS informed
* University Security informed
* Contractors accounted for
* Any persons with disabilities accounted for and safely positioned
 | **Remember:**When reporting building evacuation status to emergency services, include any areas that were unable to be checked |
| **Building Evacuation Status Checklist**  |
| **AREA** | **Remarks** | Confirmed Evacuated |
| **Level 1** | Check: (Offices, Classrooms, Lecture Theatres, Laboratories, etc). |  |
| **Level 2** | Check:*
 |  |
| **Level 3** | Check: |  |
| **Level 4** | Check: |  |
| **Level 5** | Check: |  |
| **Time Evacuation completed** |  | **Overall Evacuation Time** |  |
| **Time Re-Entry permitted** |  | **Print Name** |  |