**BUILDING-SITE EVACUATION REPORT**

This form is to be used to record occasions when University Emergency Procedures are activated, including drill or planned Emergency Evacuations. The report is to be completed by either:

* Campus Emergency Coordinator, Chief Warden, Area Warden or Senior Manager on Site.
* Alternatively, the report can be completed by a University staff member performing in an Emergency Management role should any of the above be absent.

**Building Details**

Building/Site Number of Floors

Date/Time Occupancy Level

Full / Staff only/Out of hours

S

Notice given to Occupants: YES/NO Type of evacuation: Drill/TasFire/Alarm/Live Emergency

Nature of Emergency

Incident Reported by: Reported to:

Assembly Area: Observer:

**Organisation of Drill**

|  |  |  |
| --- | --- | --- |
| **Pre Event Steps** | **YES** | **NO** |
| Campus Emergency Coordinator consulted with Heads of Staff, Senior Managers, Chief Wardens and Area Wardens |  |  |
| Chief Wardens and Building Wardens consulted with Floor Wardens |  |  |
| Chief Wardens and Building Wardens consulted with all staff |  |  |

**Comments:**

**…………………………………………………………………………………………………………………………………………………………………**

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**Conduct of Evacuation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Warden Actions** | **Yes** | **No** | **Time** |
| Incident/Emergency Situation Reported to Security or 000? |  |  |  |
| Emergency Situation reported to Building or Area Warden? |  |  |  |
| Chief Warden or Campus Emergency Coordinator Notified? |  |  |  |
| Contractors log checked to identify if contractors need to be specifically advised? |  |  |  |
| Building or Area Warden attends EWIS Control Panel? |  |  |  |
| If available via EWIS, Floor Wardens contacted by Area Warden/Building Warden? |  |  |  |
| Emergency Services contact confirmed? |  |  |  |
| Persons in immediate danger removed from point of origin? |  |  |  |
| Safe egress and assembly areas determined? |  |  |  |
| All Wardens wearing hard hats? |  |  |  |
| Others in building or immediate area notified to evacuate? |  |  |  |
| Point of origin location closed off and contained (close doors and windows)? |  |  |  |
| Full evacuation of building initiated? |  |  |  |
| Minimal removal of personal belongings |  |  |  |
| Any action on fire (use of extinguishers)? |  |  |  |
| Did someone direct Emergency Services to the building? |  |  |  |
| Was a site search required/undertaken to find persons who had not evacuated? |  |  |  |
| Was the evacuation orderly? |  |  |  |
| Did all evacuees go to the nominated Evacuation Point? |  |  |  |
| Was power/gas isolation required? Was this completed? |  |  |  |
| Were external exits controlled? |  |  |  |
| Was permission to re-enter the building given by Emergency Services before re-entry? |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Comments:**

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**Operation of Building Emergency Equipment**

|  |  |  |
| --- | --- | --- |
| **Item** | **Yes** | **No** |
| Could the emergency alarm be heard throughout the building? |  |  |
| Did automatic fire doors close when alarm activated? |  |  |
| If card access systems in place, did access doors automatically release? |  |  |
| Were fire doors and emergency exits unobstructed? |  |  |
| Was all Emergency Procedure signage in place? |  |  |
| Did all Wardens have full knowledge of emergency procedures for building? |  |  |
|  |  |  |

**Comments:**

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**General information**

Did Emergency Services attend? Yes/No

Approximate total number of persons evacuated? ……………………………..

Main assembly area used? ……………………………..

Number of mobility impaired persons assisted? …………………………….

Time incident commenced? …………………………….

Time re-entry allowed? …………………………….

Were buildings/site occupants evacuated in any particular order?

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Did any building occupants fail to evacuate when instructed? If so, from which rooms?

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**Other Comments**

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**Debriefing:** Not Required/Planned for: …………………………..

**Improvement Action Plan**

|  |  |  |
| --- | --- | --- |
| Action taken/recommended | Person responsible | Timeframe |
|  |  |  |

 Building/Area Warden: ……………………………………………… Signature: …………………………………………………..

Observer (drills): ……………………………………………… Signature: …………………………………………………..

Date: ………………………………………………

**Original**: **Retained by Building/Area Warden**

**Copies to: CSD Infrastructure Planning & Compliance.**