



EVACUATION CHECKLIST

Building Name					
Date of Evacuation					
Item - Pre-Drill					
	Yes	No	Comments		
Building Safety Team Meeting/Notification	<input type="checkbox"/>	<input type="checkbox"/>			
Safety & Security Notified	<input type="checkbox"/>	<input type="checkbox"/>			
Facilities Management Notified	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Department Notified	<input type="checkbox"/>	<input type="checkbox"/>			
Electrician Notified	<input type="checkbox"/>	<input type="checkbox"/>			
Faculty/Staff Notified (E-Mail)	<input type="checkbox"/>	<input type="checkbox"/>			
Item - Post Drill					
	Yes	No	Comments		
Safety & Security Notified and Signal Confirmed	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Department Notified	<input type="checkbox"/>	<input type="checkbox"/>			
Staff Feedback Provided	<input type="checkbox"/>	<input type="checkbox"/>			
Incident Report Completed	<input type="checkbox"/>	<input type="checkbox"/>			
How long did it take to evacuate the building?			Minutes		Seconds
List of Observers					
Completed By					
Signature					

Once completed email signed form to Occupational Health & Safety at lareid@stfx.ca