



EVACUATION EVALUATION FORM

TO BE COMPLETED FOR ALL EVACUATIONS BY RESPONDING OFFICERS AND WARDENS

Date of Evacuation			
Building Name			
Floor			
Planned Evacuation <input type="checkbox"/>	Unplanned Evacuation <input type="checkbox"/>		
		YES	NO
Could the alarm signals be heard in all areas of the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all personnel evacuate the floor/building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any fire doors (stairwell doors) propped open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did fire doors, which automatically close, function properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Emergency Warden Team meet to confirm "All Clear"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Floor Wardens report to the Building Warden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the Building Warden Report to Safety & Security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did personnel and/or visitor's respond/react to the drill on your floor?			
What type of difficulties, if any, were encountered during the evacuation?			
How long did it take to evacuate the building?		Minutes	Seconds
Recommendations			
Completed By			
Signature			

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