



## EVACUATION EVALUATION FORM

**TO BE COMPLETED FOR ALL EVACUATIONS BY RESPONDING OFFICERS AND WARDENS**

<b>Date of Evacuation</b>			
<b>Building Name</b>			
<b>Floor</b>			
<b>Planned Evacuation</b> <input type="checkbox"/>	<b>Unplanned Evacuation</b> <input type="checkbox"/>		
		<b>YES</b>	<b>NO</b>
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"/>
<b>How did personnel and/or visitor's respond/react to the drill on your floor?</b>			
<b>What type of difficulties, if any, were encountered during the evacuation?</b>			
<b>How long did it take to evacuate the building?</b>		Minutes	Seconds
<b>Recommendations</b>			
<b>Completed By</b>			
<b>Signature</b>			

Once completed email signed form to Occupational Health & Safety at [ohs@stfx.ca](mailto:ohs@stfx.ca)