

**Instructions: Complete this form when debriefing after the evacuation exercise or event and maintain on file**

Building Name	Address	Part of Building	Time Evacuation Started		Time Evacuation Ended	
<b>Activity</b>		<b>Comments</b>	<b>Y/N</b>	<b>Action</b>	<b>By Whom</b>	<b>Sign Off</b>
Was the emergency identified and reported in accordance with the local procedure?						
Was the fire alarm sounded / initiated in accordance with the local procedure? Was a simulated call made to emergency services?						
Could alert and evacuation signals be heard throughout the location, if installed?						
Did the evacuation occur without difficulty?						
Did workers experience any difficulties in their work area?						
Did all people present follow instructions promptly?						
Was there any confusion?						
Was there any crowding during exit?						
Were all areas checked, where safe to do so?						
Were people with a disability accounted for?						
Were there any concerns noted upon exiting to the Assembly or Safe Area?						
Was a person designated to meet Emergency Services at the entrance?						
<b><u>Comments or Corrective Actions Identified:</u></b>						
Assessor(s) - Position/Name/Signature					Date	/ /