Building Name: ………………………………………………………………………………………………………..…………….

Building Address: ………………………………………………………………………………………………………………………

Name of Person Supervising Trial: …………………………………………………… Phone No…………………………........

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Local Fire Station Advised? | Yes |  |  No |  |  Fire Service Comms Centre Phoned? |  |

Date Trial Conducted: ………………………………… Time of Trial: ………………………………….

Time taken to complete evacuation of building: ………………………………………………………...

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1 | Did all Floor Wardens report stating their area and evacuation status? |  |  |
| 2 | Did all Floor Wardens ensure the use of the nearest safe exit? |  |  |
| 3 | Could alarm be heard in all areas? |  |  |
| 4 | Were all smoke and fire control doors closed? |  |  |
| 5 | Were all Wardens and staff members familiar with the Evacuation Scheme? |  |  |
| 6 | Did all Wardens wear identification in accordance with the scheme? |  |  |
| 7 | Was a call made to the Fire Service using one of the recommended methods? |  |  |
| 8 | Was the correct Assembly Point/s used? |  |  |
| 9 | Are all the Evacuation Procedure Notices in place? |  |  |
| 10 | Are all exit ways clear and all doors able to be opened without the use of a key? |  |  |
| 11 | Has all firefighting equipment been serviced in the last 12 months? |  |  |
| 12 | Next Trial Evacuation scheduled |  |  |
| 13 | Are Wardens adequately trained? |  |  |

Comments:…………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

Actions: …………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………..

Signed: …………………………………………

Date: ………………………………………….