**Observer’s Report**

Fire/Evacuation Drill

|  |  |  |
| --- | --- | --- |
| **Building:** Click here to enter text. | **Floor:** Click here to enter text. | **Department:** Click here to enter text. |
| **Date:** Click here to enter a date. | **Time:** Click here to enter text. | **Type:** Choose an item.  |

List all participating departments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Scenario or special circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer’s responsibility for the drill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Yes** | **No** |
| Was alarm heard throughout the building? |  |  |
| Were all alarm devices operating correctly? IF NO, note locations in additional comments.  |  |  |
| Did all occupants evacuate the building? IF NO, note room numbers in additional comments.  |  |  |
| Did occupants assemble in designated areas? IF NO, specify why in additional comments. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall effectiveness of the drill:** | **Good** | **Fair** | **Poor** |
| Speed of evacuation |  |  |  |
| Effectiveness of procedures |  |  |  |
| Communication during drill |  |  |  |

Total time to evacuate: Minutes/Seconds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time all clear given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire alarm reset by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Report Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send to: Safety Office, Room No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_