

EVACUATION REPORT

Send the completed report to the Fire Information Unit, by email <u>evacuation@fireandemergency.nz</u> or post to Fire Information Unit, Fire and Emergency New Zealand, PO Box 68042, Wellesley Street, Auckland 1141.

Pa	rt A				Bu	Building description			
Building name				Scheme ref	erence				
Address									
Part B					Cont	act pers	on det	ails	
Contact person's name									
Phone number				Mobile r	number				
Email address									
Part C						Evacuation details			
Date of evacuation				Time of evad		vaouat		am/pm	
Time taken to evacuate			minutes		seconds			uni, pin	
Pa	rt D				Asse	ssment	outcor	nes	
						Yes	No	N/A	
1	Did any injuries occur during this trial evacuation? If yes, detail the injuries that occurred during the trial evacuation								
	Was the evenuation of	lorm/mathad of ala	rting occupation	ata alaariy baar					
2	Was the evacuation a areas of the building?)		its clearly flear	uman				
	If no, detail issue and action taken to remedy it								
3	Were all exit ways cle If no, detail issue and action								
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Part D, continued Asso			ssment outcomes					
		Yes	No	N/A				
4	Were 'FIRE ACTION NOTICES' in place? If no, detail issue and action taken to remedy it							
5	Were systems in place to assist anyone who could not self-evacuate and if so, did the systems function? If no, detail issue and action taken to remedy it							
6	Did any equipment to assist with the evacuation work as intended? If no, detail issue and action taken to remedy it							
7	Occupants accounted for or building determined to be clear in accordance with the evacuation scheme? If no, detail issue and action taken to remedy it							
8	When was the last training session for permanent occupants held?							
Ра	Part E Additional comments							
Contact person signature								
Fol	low up	☐ Tick this box if you would like to speak to someone about this trial.						