EVACUATION REPORT

Send the completed report to the Fire Information Unit, by email [evacuation@fireandemergency.nz](mailto:evacuation@fireandemergency.nz) or post to Fire Information Unit, Fire and Emergency New Zealand, PO Box 68042, Wellesley Street, Auckland 1141.

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| **Part A** |  |  | **Building description** |
| **Building name**  **Address** |  | **Scheme reference** |  |
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| **Part B** |  | **Contact person details** | |
| **Contact person’s name Phone number**  **Email address** |  | | |
|  | **Mobile number** |  |
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| **Part C Evacuation details** | | | | | | |
| **Date of evacuation**  **Time taken to evacuate** |  | | **Time of evacuation** | |  | am/pm |
|  | minutes |  | seconds | | |

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| **Part D Assessment outcomes** | | | | |
|  |  | **Yes** | **No** | **N/A** |
| **1** | Did any injuries occur during this trial evacuation? | ☐ | ☐ |  |
|  | If yes, detail the injuries that occurred during the trial evacuation |  |  |
| **2** | Was the evacuation alarm/method of alerting occupants clearly heard in all areas of the building? | ☐ | ☐ |  |
|  | If no, detail issue and action taken to remedy it |  |  |
| **3** | Were all exit ways clear? | ☐ | ☐ |  |
|  | If no, detail issue and action taken to remedy it |  |  |

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| **Part D, continued Assessment outcomes** | | | | |
| **4**  **5**  **6**  **7**  **8** |  | **Yes** | **No** | **N/A** |
| Were ‘FIRE ACTION NOTICES’ in place?  If no, detail issue and action taken to remedy it | ☐ | ☐ |  |
| 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 | ☐ | ☐ |  |
| Did any equipment to assist with the evacuation work as intended?  If no, detail issue and action taken to remedy it | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ |  |
| When was the last training session for permanent occupants held? |  | | |

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| **Part E** | **Additional comments** |
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| **Contact person signature** |  |
| **Follow up** | * Tick this box if you would like to speak to someone about this trial. |