

EMERGENCY EVACUATION DEBRIEF FORM

Situation Details			
Workplace:		Date:	
Emergency Description: Fire <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Chemical <input type="checkbox"/> Spill <input type="checkbox"/> Other <input type="checkbox"/>			
Response to: Drill <input type="checkbox"/> Alarm <input type="checkbox"/> Other <input type="checkbox"/>	Notice given to employees?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Response Team Performance			
Emergency Control Coordinator at Assembly Point?			Yes <input type="checkbox"/> No <input type="checkbox"/>
All persons reported to Emergency Control Coordinator?			Yes <input type="checkbox"/> No <input type="checkbox"/>



SAMPLE

ORDER NOW AND GET FULL ACCESS

Inspection of Building Emergency Equipment

Emergency signal could be heard throughout site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evac. routes could be clearly seen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All emergency exit doors operated properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are doors emergency exits unobstructed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notice boards - Emergency Procedures & Emergency Personnel posted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Strong knowledge of emergency equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evac. route clearly visible including direction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency equipment in place and functioning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evac. route clearly visible including direction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other relevant information:

This form was completed by:
