



EVACUATION CHECKLIST

*You must report those sections in **bold** (Schedule 3 (3(2)) Fire Safety and Evacuation of Buildings Regulation 2006)*

To be completed and forwarded to Transalpine Region Evacuation Co-ordinator at the N.Z. Fire Service -Fax 03 3713-617 Or email to evacmanagechristchurch@fire.org.nz you should always receive acknowledgement of any email)

Building Name: _____

Address of Building: _____

Name of Person Supervising Evacuation: _____ **Phone No:** _____

Date of Evacuation: _____ **Time of Evacuation:** _____

	MINS	Secs
1. Time Taken to complete evacuation of the Building?	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
	YES	No
2. Was any person injured during the evacuation (detail below) ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Could the evacuation alarm be heard in all areas?	<input type="checkbox"/>	<input type="checkbox"/>
4. Were all Smoke and Fire Control Doors closed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were all permanent occupants and Staff members familiar with the procedure?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did all evacuation management team members know their role?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the correct place(s) of safety used?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did person(s) with a disability understand their evacuation procedure?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all Evacuation Procedure Notices in place?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all exit ways clear and all doors able to open?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has fire fighting equipment been serviced in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the person responsible know to make a call to the Fire Service Using 111? <i>(Do not make a call, recommended is a role play)</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is a copy of the approved evacuation Scheme available?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did all occupants evacuate safely, promptly and efficiently?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the building have a current Building Warrant of Fitness?	<input type="checkbox"/>	<input type="checkbox"/>

Expiry date _____ Compliance Schedule or B.W.O.F # _____

If you have checked any Section no, provide details of actions to rectify fault. Continue on separate page if required:

Signed