



### EVACUATION EVALUATION – FLOOR WARDEN

To ensure that any problems encountered during evacuations are recorded for appropriate action, please complete one of these questionnaires each time your area is evacuated and hand it to the Building Warden.

|               |                      |                     |                  |
|---------------|----------------------|---------------------|------------------|
| <b>Campus</b> | <b>Building Name</b> | <b>Building No.</b> | <b>Floor No.</b> |
|---------------|----------------------|---------------------|------------------|

|                     |                   |  |  |
|---------------------|-------------------|--|--|
| <b>Compiled by:</b> | <b>WIP Point:</b> |  |  |
|---------------------|-------------------|--|--|

**a. Evacuation Time / Date:**

|             |              |              |  |
|-------------|--------------|--------------|--|
| <b>Day:</b> | <b>Date:</b> | <b>Time:</b> |  |
|-------------|--------------|--------------|--|

**b. Cause:**

- Genuine Emergency:  Provide details in “d” below. Include how alarm was activated
- False Alarm:  Provide details in “d” below. Include how alarm was activated
- Drill

**c. Evacuation Details**

- Were any parts of the building not evacuated? Yes  No
- Were any mobility-impaired people present? Yes  No
- Did anyone remain in the building after the evacuation? Yes  No
- Did anyone refuse to leave the building during the evacuation? Yes  No
- Did the alarm system malfunction in any way? Yes  No
- Was there any confusion over evacuation routes? Yes  No
- Is any additional documentation required at your WIP? Yes  No
- Were any other faults or deficiencies noted?  
(e.g. procedures inadequate, response time too long, announcements inaudible etc) Yes  No
- Were there any obstructions, stored materials, equipment in exit corridors, exit doors or stairs? Yes  No

**d. Additional information, including details relating to all questions marked “yes” in “c” above and the cause of the evacuation from “b”. Include floor numbers/room numbers where appropriate and any corrective action needed or taken.**

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Please send the completed questionnaire to:  
**The Building Warden**

