



EMERGENCY EVACUATION PRACTICE PF264

CAMPUS:

Date:

Building Name:

Building No:

Evacuation Practice Start Time:

Evacuation Practice Finish Time:

Evacuation Report		Rating <i>(cross)</i>		Comments
		Good	Unsatis - factory	
1.	Duration of Evacuation Mins	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Training of Wardens – Competency	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Chief Warden’s Use of Evacuation System	<input type="checkbox"/>	<input type="checkbox"/>	

		Yes	No	N/A	Comments
1.	Chief Warden simulated phoning QFRS to confirm Fire/Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	All Wardens Wearing Hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Inspections by Floor Wardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Floor Wardens report on WIP Phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Floor Wardens Physically Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Evacuation Co-ordination Instructions Given		Rating <i>(cross)</i>		Comments
		Good	Unsatis - factory	
1.	Procedures to Escort Disabled Persons and Visitors	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Evacuation Procedures and Alarm Signals Identified	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Means of Escape and Clear Paths of Travel	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Location of Fire Equipment and their Use	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Procedures for the Conducting of Staff, Students & Visitors to the Exits and on to the Assembly Areas	<input type="checkbox"/>	<input type="checkbox"/>	

Identified Procedural Short Comings

Recommendations

Follow Up Required: Yes No Action Completed: Yes No

Signature of Chief Warden

Name

Date

Signature of UQ Fire Safety Officer

Name

Date