

Fire Evacuation Drill

LOG SHEET

Location / Building

Name of Building / Department:

Building Address:

Postcode:

Evacuation Drill Details

Drill Monitor's Name:

Drill Monitor's Title/Position:

Alarm Monitoring centre (ARC) notified?: Yes ☐ No ☐ n/a ☐

Drill pre-announced?: Yes ☐ No ☐ n/a ☐

Fire Department present?: Yes ☐ No ☐ n/a ☐

On-site security notified?: Yes ☐ No ☐ n/a ☐

Method of drill activation: Alarm ☐ PA system ☐ Word of mouth ☐ Other ☐

Date, Time & Weather

Date of Drill: Time Drill Initiated:

Time Occupants Evacuated: Elapsed Time:

Weather: **Temp:** Cold / Warm / Hot **Wind:** Calm / Breezy / Windy

Precipitation: Sunny / Cloudy / Rain / Snow / Hail

Evacuation Route Assessment

Evacuation routes posted & visible? Yes ☐ No ☐ If 'No', Why?

Evacuation signs in good condition? Yes ☐ No ☐ If 'No', Why?

Exits clearly marked? Yes ☐ No ☐ If 'No', Why?

Exits properly signed & illuminated? Yes ☐ No ☐ If 'No', Why?

Exit doors operating properly? Yes ☐ No ☐ If 'No', Why?

Escape routes free of obstructions? Yes ☐ No ☐ If 'No', Why?

Escape routes suitably lit? Yes ☐ No ☐ If 'No', Why?

Fire Containment, Alarm System & Utilities

Doors & windows closed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Room sweeps prior to closing doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Doors left unlocked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Door retainer devices operate correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Fire Extinguisher(s) taken to location of fire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Electrical appliances turned off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
HVAC units turned off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Fire Alarm heard clearly in all areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Did ARC receive alarm signal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Magnetic door retainers work properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
PA system heard clearly in all areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Lifts recalled to the correct exit floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?

Evacuation & Plan Assessment

All occupants participated & evacuated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Staffrooms, WCs & restrooms checked for occupants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Evacuation was in orderly fashion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
All visitors and customers escorted and accounted for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Special needs/ disabled persons accommodated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Were lifts used during the evacuation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Evacuation was performed according to plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Occupants evacuated and met at designated assembly point?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Assembly point at a safe distance away from building location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?
Fire Wardens/Marshalls acted accordingly to plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	If 'No', why?

Results

Overall response of occupants: Satisfactory ☐ Unsatisfactory ☐

Noise level of evacuation: Satisfactory ☐ Unsatisfactory ☐

Number of **Visitors** evacuated:

Number of **Staff** evacuated:

Number of **Residents** evacuated:

TOTAL:

Notes

These drills help you stay legally compliant under the Regulatory Reform (Fire Safety) Order 2005.



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