

EMERGENCY MANAGEMENT PLAN EXERCISE

Observers Checklist

| | YES | NO |
|--|--------------------------|--------------------------|
| Did the person discovering the emergency alert the other occupants? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the alarm activated? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the emergency service notified promptly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did Wardens direct persons from the building/site per the evacuation procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were isolated areas searched? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the evacuation logical and methodical? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did someone take charge? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did occupants act as per instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a roll call conducted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was someone appointed to liaise with the emergency service/s? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the emergency service given the correct information? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone re-enter the premises before the "all clear" was given? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone refuse to leave the building/site? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Time | |
|---------------------------------|-------|------|
| | Hours | Mins |
| Alarm sounded | | |
| Floor/Area Warden responds | | |
| Wardens check floor/area | | |
| Evacuation commenced | | |
| Warden reports floor/area clear | | |
| Arrive at assembly point | | |
| Warden checks personnel present | | |
| Evacuation completed | | |
| Exercise completed | | |

Problems encountered

Issues to be raised

Date

Observers name