**Name of Site or Premises:**

Chief Warden: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wardens on Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Report

Evacuation Time (actual minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_

Alarm Bells Audible in all areas Yes / No

Raised Alarm Yes / No

Telephoned Fire Service (111) Yes / No

Identification of Wardens Yes / No

Evacuated Yes / No

Assembled Yes / No

Egress Satisfactory Yes / No

**Wardens to ensure that:**

* Doors are closed especially smoke and fire doors
* Check toilets and Public areas
* Inform the head warden when areas are clear/not clear.
* Staff assembled at designated points.

# Comments

# Report review by Health and Safety Committee Yes / No

**Report completed and closed by: Date\_\_\_\_\_\_**