



EVACUATION CHECKLIST

*You must report those sections in **bold** (Schedule 3 (3(2)) Fire Safety and Evacuation of Buildings Regulation 2006)*

To be completed and forwarded to Transalpine Region Evacuation Co-Ordinator at the N.Z. Fire Service -Fax 03 3713-617 Or email to evacmanagechristchurch@fire.org.nz you should always receive acknowledgement of any email)

Building Name:

Address of Building:

Name of Person Supervising Evacuation: **Phone No:**

Date of Evacuation: **Time of Evacuation:**

MINS Secs

1. Time Taken to complete evacuation of the Building?

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YES No

- | | | |
|--|--------------------------|--------------------------|
| 2. Was any person injured during the evacuation (detail below)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Could the evacuation alarm be heard in all areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were all Smoke and Fire Control Doors closed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were all permanent occupants and Staff members familiar with the procedure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did all evacuation management team members know their role? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the correct place(s) of safety used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did person(s) with a disability understand their evacuation procedure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all Evacuation Procedure Notices in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all exit ways clear and all doors able to open? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has fire fighting equipment been serviced in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the person responsible know to make a call to the Fire Service Using 111? <i>(Do not make a call, recommended is a role play)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is a copy of the approved evacuation Scheme available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Did all occupants evacuate safely, promptly and efficiently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does the building have a current Building Warrant of Fitness? | <input type="checkbox"/> | <input type="checkbox"/> |

Expiry date **Compliance Schedule or B.W.O.F #**

If you have checked any Section no, provide details of actions to rectify fault. Continue on separate page if required:

Signed