

EMERGENCY EVACUATION OBSERVERS REPORT

DATE OF EVACUATION: _____

TIME EVAC BEGAN: _____ TIME EVAC ENDED: _____

Department: _____ Division: _____

Facility Address: _____ Room #: _____

EVACUATED TO (LOCATION): *Mark YES or NO answer on the spaces provided for those items which are applicable to your suite/room No.*

COMMUNICATIONS:

- _____ Was the fire alarm signal clearly heard in your area?
- _____ Was the PA system clearly heard in all areas?

FLOOR WARDENS & MONITORS:

- _____ Floor Wardens & Monitors reported to their respective stations?
- _____ Floor Wardens & Monitors carried out all assigned duties?

CONTAINMENT OF FIRE:

- _____ Were all office doors closed?

EVACUATION:

- _____ Were corridors and exits clear?
- _____ Did the evacuation proceed in a smooth and orderly manner?
- _____ Did all occupants take part in the drill?
- _____ Did visitors to the building take part in the drill?
- _____ Was status report given to Building Personnel (Safety) at Emergency Evacuation area?

INDIVIDUALS WITH PHYSICAL DISABILITY:

- _____ Did any individual with a physical disability wait in the designated area with their assigned assistant(s)?
- _____ Did Floor Warden or Assistant notify Building Emergency Staff of their location?

RECORDS:

- _____ Were important documents and cash secured or prepared for removal?

REMARKS AND RECOMMENDATIONS:

Please provide explanations for all "No" responses. Use the back of this page to include any additional comments or issues observed (e.g., unaccounted individuals, evacuation delays, blocked exits, hazardous areas, or uncertainty regarding assembly locations). Any identified issues should be followed by a proposed corrective action plan, such as retraining or updating the Emergency Action Plan (EAP).

Signature: _____
(floor warden/department safety representative)

This report is to be completed immediately after each evacuation drill and a copy sent your Department Assigned HR-Safety Loss Control Coordinator. Please ensure you maintain a copy for your records as required by Cal/OSHA.