

Emergency Evacuation Drill Checklist

Date	Time drill initiated					
		AM PM				
Time occupants vacated		Time drill ended				
	AM PM	AM PM				
Roll call completed		Time Elapsed				
	AM PM					
Location						
Areas						
Office Fac	tory War	rehouse Store Lunchroom				
Workshop 1 Wor	rkshop 2 Wor	rkshop 3 Workshop 4				
Emergency type						
Evacuation drill	Fire Smo	oke Explosion Gas leak Bomb threat				
Other. If other						
Details		Comments				
Emergency services in atter	ndance	Yes No				
Electrical power turned off (simulate for a drill)		Yes No				
Gas turned off (Simulate for	r a drill)	Yes No				
Shutdown protocols execut	ed	Yes No				
Rest rooms checked and cle	eared	Yes No				
Offices, lunchroom, toilets c cleared	checked and	Yes No				
Warehouse, Stores checked	l and cleared	Yes No				
All work areas checked and cleared Yes No						
Wardens and ECO's respon	ded accordingly	Yes No				
Warning/alarm systems clea in all areas	Warning/alarm systems clearly heard Yes No					

Details		Comments
Evacuation completed in orderly fashion	Yes No	
Employees responded and reported to assembly point	Yes No	
Roll call completed	Yes No	
Missing person/s identified via roll call	Yes No	
Missing person/s details communicated to emergency services	Yes No	
Person/s with special needs have been accommodated	Yes No	
Visitor sign in book taken to evacuation point	Yes No	
Visitors and customers directed to assembly point	Yes No	
All customers directed to evacuation point	Yes No	
Relevant information passed on to emergency services	Yes No	
Visitors, customers and contractors were accounted for at assembly point	Yes No	
No unauthorised re-entry completed	Yes No	

Questions

Where the response to any of these questions requires a comment, please complete the Comments section below, and then enter corrective actions into the Action Plan on the next page.

1. Did any elements of the Emergency Plan fail? (If YES comment below)	Yes	No		
2. Were any procedures found to be deficient? (If YES comment below)	Yes	No		
3. Evacuation completed in a timely manner? (If NO comment below)	Yes	No		
4. Announcement/Alarm heard throughout all areas? (If NO comment below)	Yes	No		
5. What is the effectiveness of the procedures? (Describe things to improve)	Good	Fair	Poo	зr
6. How was the communication during the emergency? (Describe things to improve)	Good	Fair	Poo	зr

Comments

Action Plan

No.	Actions	Responsibility	Due Date	Likelihood	Consequence	Risk Rating
1						
2						
3						
4						
5						

Drill assessed by:

Name		Company	
Signature	Date (DD/MM/YYYY)		
Chief Warden	Signa	ature	Date (DD/MM/YYYY)

Risk Matrix

		Consequences						
		Minimal Minor Moderate Major						
	Highly Likely	Medium	Medium	High	High	High		
σ	Likely	Low	Medium	Medium	High	High		
Likelihood	Possible	Low	Low	Medium	Medium	High		
	Unlikely	Low	Low	Low	Medium	Medium		
	Rare	Low	Low	Low	Low	Medium		

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