**EMERGENCY REVIEW CHECKLIST**

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| **NOTIFICATION DETAILS** |
| **Site Name** |  |
| **What type of event caused the evacuation?** | [ ]  Drill [ ]  Incident | **Date:** |       |
| **What was the nature of the event?**  | [ ]  Fire | [ ]  Bomb | [ ]  Lock Down | [ ]  Other |
| **Description of Event:** |       |
| Evacuation Sequence | Time taken | Lock Down Sequence | Time taken  |
| Alarm sounded. |       :       | Alarm Sounded. |       :       |
| The Floor Warden responds. |       :       | Doors and windows locked. |       :       |
| Warden check floor / zone |       :       | Turn off lights where possible. |       :       |
| Evacuation commenced. |       :       | Take cover and hide |       :       |
| Wardens report floor / zone clear |       :       | Exercise terminated – all clear given |       :       |
| Arrive at assembly area. |       :       | Debrief undertaken |       :       |
| Wardens check personnel present. |       :       |  |
| Evacuation completed. |       :       |
| Exercise terminated – all clear given. |       :       |
| Debrief undertaken. |       :       |
| **EVALUATION OF LOCKDOWN EFFECTIVENESS** |
| **ITEMS** | **Yes** | **No** | **N/A** | **Comments** |
| 1. | Were doors and windows locked? | [ ]  | [ ]  | [ ]  |       |
| 2. | Were lights turned off? | [ ]  | [ ]  | [ ]  |       |
| 3 | Did all persons involved in the lock-down know what to do? | [ ]  | [ ]  | [ ]  |       |
| 4 | Did observers / Emergency Team attend the debrief | [ ]  | [ ]  | [ ]  |       |
| 5 | <insert other items> | [ ]  | [ ]  | [ ]  |       |
| **EVALUATION OF THE EVACUATION EFFECTIVENESS** |
| **ITEMS** | **Yes** | **No** | **N/A** | **Comments** |
| 1. | Approximate time to complete evacuation? | [ ]  | [ ]  | [ ]  |       |
| 2. | Did alarms activate in all areas? | [ ]  | [ ]  | [ ]  |       |
| 3. | Were all entry points covered to prevent people entering site? | [ ]  | [ ]  | [ ]  |       |
| 4. | Did anyone refuse to leave straight away? Were they left behind? | [ ]  | [ ]  | [ ]  |       |
| 5. | Late comers to assembly point? | [ ]  | [ ]  | [ ]  |       |
| 6. | All contractors / visitors accounted for? | [ ]  | [ ]  | [ ]  |       |
| 7. | Were any disabled people on site? Action taken by wardens? | [ ]  | [ ]  | [ ]  |       |
| 8. | If a power failure occurred, did backup alarms function? | [ ]  | [ ]  | [ ]  |       |
| 9. | Fire brigade here within 10mins & actual time (if relevant)? | [ ]  | [ ]  | [ ]  |       |
| 10. | Did all communication systems work (e.g. PA, 2-way radios, and megaphones)? | [ ]  | [ ]  | [ ]  |       |
| 11. | Wardens assembled for duty / visible in hats? | [ ]  | [ ]  | [ ]  |       |
| 12. | First aiders assembled for duty / visible in hats? | [ ]  | [ ]  | [ ]  |       |
| 13. | First aid kit available? | [ ]  | [ ]  | [ ]  |       |
| 14. | Guards placed at door? | [ ]  | [ ]  | [ ]  |       |
| 15. | Which assembly point was used? | [ ]  | [ ]  | [ ]  |       |
| 16. | Did people need to be moved from original assembly point? | [ ]  | [ ]  | [ ]  |       |
| 17. | Was a search for missing person required? | [ ]  | [ ]  | [ ]  |       |
| 18. | Did all Emergency Control Organisation / Team attend debrief? | [ ]  | [ ]  | [ ]  |       |
| 19. | Did observers attend debrief (if relevant)? | [ ]  | [ ]  | [ ]  |       |
| 20. | <insert other items> | [ ]  | [ ]  | [ ]  |       |
| **ADDITIONAL COMMENTS** |
|       |
| **CORRECTIVE ACTIONS** |
| Complete action plan below to address any issues identified above.  |
| **List the corrective actions** | **Priority****(H, M, L)** | **By Whom** | **By When** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| **Sign Off** |
| **I take responsibility for ensuring all corrective actions are completed and followed up to review effectiveness.** |
| **Chief Warden:**      *name and signature* | **Date:**       |

**Copy sent to WHS Coordinator / Risk & Compliance Officer.**