**EMERGENCY REVIEW CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.**