

The Evacuation Checklist contains a record of all actions taken during an emergency and/or an evacuation exercise. It is to be completed by the Chief Warden, Deputy Chief Warden and/or Communications Officer. It should then be forwarded to the Manager, OHS and Facilities.

<b>EXERCISE</b> <input type="checkbox"/>		<b>EMERGENCY EVENT</b> <input type="checkbox"/>			
<b>Building:</b>	<b>Level:</b>	<b>Room:</b>	<b>Date:</b>		
<b>EMERGENCY TYPE</b>					
Fire: <input type="checkbox"/>	Medical: <input type="checkbox"/>	Gas Leak: <input type="checkbox"/>			
Chemical Spill: <input type="checkbox"/>	Flood: <input type="checkbox"/>	Bomb Threat: <input type="checkbox"/>			
Other: <input type="checkbox"/> Specify					
<b>ALERTED TO EMERGENCY BY:</b>					
Alarm: <input type="checkbox"/>	Thermal <input type="checkbox"/>	Sprinkler <input type="checkbox"/>	EWIS <input type="checkbox"/>	Smoke <input type="checkbox"/>	Time:
Telephone: <input type="checkbox"/>	Caller:			Ext:	Time:
Other: <input type="checkbox"/>	Specify				Time:
<b>NOTIFIED THE FOLLOWING</b>					
Chief Warden <input type="checkbox"/>	Deputy Chief Warden <input type="checkbox"/>	Executive Emergency Controller <input type="checkbox"/>			
Emergency Service <input type="checkbox"/>	ADFA Duty Desk <input type="checkbox"/>	Manager, OHS and Facilities <input type="checkbox"/>			
DSG (Facilities Services) <input type="checkbox"/>	Spotless (Maintenance) <input type="checkbox"/>	ADFA OHS Officer <input type="checkbox"/>			
Other <input type="checkbox"/>	Specify:				
<b>EVACUATION DETAILS</b>					
Building <input type="checkbox"/>	Floor <input type="checkbox"/>	Room <input type="checkbox"/>			
Evacuation Commenced	Time:				
Area Evacuated	Time:				
Evacuation complete	Time:				
Area Re-occupied	Time:				
<b>PUBLIC EMERGENCT RESPONSE</b>					
Fire Brigade <input type="checkbox"/>	Officer:	From:			
Police <input type="checkbox"/>	Officer:	From:			
Ambulance <input type="checkbox"/>	Officer:	From:			
Bomb Squad <input type="checkbox"/>	Officer:	From:			
Other <input type="checkbox"/>	Officer:	From:			
<b>REMARKS</b>					
Use reverse side if more space required					
Signature:.....  Print Name:.....					