

# EMERGENCY MANAGEMENT PLAN EXERCISE

## Observers Checklist

	YES	NO
Did the person discovering the emergency alert the other occupants?	<input type="checkbox"/>	<input type="checkbox"/>
Was the alarm activated?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service notified promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Did Wardens direct persons from the building/site per the evacuation procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Were isolated areas searched?	<input type="checkbox"/>	<input type="checkbox"/>
Was the evacuation logical and methodical?	<input type="checkbox"/>	<input type="checkbox"/>
Did someone take charge?	<input type="checkbox"/>	<input type="checkbox"/>
Did occupants act as per instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Was a roll call conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Was someone appointed to liaise with the emergency service/s?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service given the correct information?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone re-enter the premises before the "all clear" was given?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone refuse to leave the building/site?	<input type="checkbox"/>	<input type="checkbox"/>

	Time	
	Hours	Mins
Alarm sounded		
Floor/Area Warden responds		
Wardens check floor/area		
Evacuation commenced		
Warden reports floor/area clear		
Arrive at assembly point		
Warden checks personnel present		
Evacuation completed		
Exercise completed		

Problems encountered

Issues to be raised

Date

Observers name