Send the completed report to the Regulatory Compliance Group, either by email to Evacuation@fireandemergency.nz or post to Regulatory Compliance Group, Fire and Emergency New Zealand, PO Box 68444, Victoria Street West, Auckland 1142.

|  |  |
| --- | --- |
| Part A | Building description |

|  |  |
| --- | --- |
| Evacuation scheme reference # |  |
| Building name |  |
| Address |  |

|  |  |
| --- | --- |
| Part B | Contact person details |

|  |  |
| --- | --- |
| Contact person’s name |  |
| Phone number |  | Mobile number |  |
| Email address |  |

|  |  |
| --- | --- |
| Part C | Evacuation details |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of evacuation |  | Time of evacuation |  | am/pm |
| Time taken to evacuate |  | minutes |  | seconds |

|  |  |
| --- | --- |
| Part D | Assessment outcomes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| 1 | Was this trial evacuation completed without injury to any person? Yes/No If No, detail the injuries that occurred during the trial evacuation: | [ ]  | [ ]  |  |
| 2 | Was the evacuation alarm/method of alerting occupants clearly heard in all areas of the building?If no, detail issue and action taken to remedy it | [ ]  | [ ]  |  |
| 3 | Were all exit ways clear?If no, detail issue and action taken to remedy it | [ ]  | [ ]  |  |

*Continued on next page*

|  |  |
| --- | --- |
| Part D, continued | Assessment outcomes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| 4 | Were ‘FIRE ACTION NOTICES’ in place?If no, detail issue and action taken to remedy it | [ ]  | [ ]  |  |
| 5 | Were systems in place to assist anyone who could not self-evacuate and if so, did the systems function?If no, detail issue and action taken to remedy it | [ ]  | [ ]  |  |
| 6 | Did any equipment to assist with the evacuation work as intended?If no, detail issue and action taken to remedy it | [ ]  | [ ]  | [ ]  |
| 7 | Occupants accounted for or building determined to be clear in accordance with the evacuation scheme?If no, detail issue and action taken to remedy it | [ ]  | [ ]  |  |
| 8 | When was the last training session for permanent occupants held? |  |

|  |  |
| --- | --- |
| Part E | Additional comments |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Contact person signature |  |
| Follow up | [ ]  Tick this box if you would like to speak to someone about this trial. |