

GENERAL INFORMATION			
Drill Location:	Drill Date:	Drill Time:	
Type of Drill: <input type="checkbox"/> Planned <input type="checkbox"/> Alarm	Observers responsible for the drill:		
Scenario or Special Circumstance:	List All Participating Departments/Branches:		
OVERALL BUILDING ASSESSMENT			
1. Was alarm heard throughout the workplace?	Yes	No	
2. Were all alarm devices operating correctly?	Yes	No	
▪ If NO – then note location:			
3. Did all occupants evacuate the building?	Yes	No	
▪ If NO – then note location:			
4. Did occupants assemble in designated areas?	Yes	No	
5. Please rate the overall effectiveness of the drill.	Good	Fair	Poor
a) Speed of Evacuation			
b) Effectiveness of Procedures			
c) Stairwell Traffic / Access			
d) Communication during drill			
BUILDING RESPONSE PERSONNEL			
Supervisors:	Good	Fair	Poor
a) Knowledge and training in various types of emergency evacuation.			
b) Knowledge and effectiveness in completing roles and responsibilities			
c) Easily identifiable			
d) Provisions of clear and appropriate instruction			
Marshals:	Good	Fair	Poor
a) Knowledge and training in various types of emergency evacuation.			
b) Knowledge and effectiveness in completing roles and responsibilities			
c) Easily identifiable			
d) Provisions of clear and appropriate instruction			
Floor Wardens	Good	Fair	Poor
a) Knowledge and training in various types of emergency evacuation.			
b) Knowledge and effectiveness in completing roles and responsibilities			
c) Easily identifiable			
d) Provisions of clear and appropriate instruction			



Emergency Preparedness

Workplace Emergency Management Plan

Evacuation Observers Template

GAM Policy 3.48 – Standard I

Significant Comments on Above Ratings:

Total time required to evacuate building: _____ Minutes _____ Seconds

Additional comments:

Time "All Clear" given:	Alarm system reset by:
Observer report completed by:	

PLEASE FORWARD COMPLETED FORM TO YOUR JOINT HEALTH AND SAFETY COMMITTEE

FOR REVIEW