

Floor Warden Evacuation Evaluation Form

Please Complete and Provide Copy to Building Coordinator

Address: _____

Evacuation Date: _____

Name: _____

Phone #: _____

Email: _____

REQUIRED RESPONSES

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Did interior exit route doors and stairwell doors unlock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did self-closing fire doors operate correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was alarm/voice message heard throughout floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all alarm horns and strobes operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all restrooms, conference rooms, storage areas, and other isolated areas "swept" for people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were exit routes clear and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all emergency lights and exit signs operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were doors closed, left unlocked, and door hangers utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all ambulatory people, including visitors, evacuated in a quiet and orderly manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were non-ambulatory personnel relocated with aid to a safe area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were routes to, and the assembly area/s, free of hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all people accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was necessary information conveyed to the building coordinator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF FIRE OR SMOKE WAS PRESENT:

Was 911 called?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a fire extinguisher used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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List any deficiencies noted during the drill and actions implemented to correct.

DEFICIENCY	CORRECTIVE ACTION	CORRECTED	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>