

Please note:

- Once completed this form must be emailed to the Fire Safety Officer.
- Alarms must not be activated for a drill unless procedures are in place to reset the fire alarm system after activation.
- This form should be completed for all fire alarm activations other than general maintenance and testing.
- This form should be completed along with a Datix entry for all unplanned activations.

Name of Building/ Department/Unit			
Full Address			
Date of Fire Evacuation			
Name of Unit Manager		Contact Number	
Time Alarm Sounded		Time F&R Services Called	
Number of Fire wardens present.			
Method of Raising Alarm (*Tick one of the following)	*Automatic Detection		Raised by: <input type="text"/>
	*Break Glass Call Point		Raised by: <input type="text"/>
	*Other (Please state)	<input type="text"/>	

RESPONSES	DELETE AS APPROPRIATE	COMMENTS ARE REQUIRED HERE
Raising the alarm	Adequate/Inadequate	
Calling the Fire and Rescue Services	Adequate/Inadequate	
Fire containment (Automatic / compartment doors closed etc.)	Adequate/Inadequate	
Assembly point discipline (Did everyone move to and stay in assembly point?)	Adequate/inadequate	
All persons accounted for	Yes/No	
Briefing to Fire and Rescue Services on arrival	Adequate/Inadequate	
Appropriate measures taken to safely evacuate disabled persons	Yes/No	
Any refusal to moves (Please give details)	Adequate/Inadequate	
Was an evacuation aid used to assist in the evacuation	Yes/No	
Time taken for full evacuation	Adequate/Inadequate	
Comments by directing staff		
Signature of person completing this form		Name (print)