

# EMERGENCY EVACUATION DEBRIEF FORM

Situation Details			
Workplace:		Date:	
Emergency Description: Fire <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Chemical <input type="checkbox"/> Spill <input type="checkbox"/> Other <input type="checkbox"/>			
Response to: Drill <input type="checkbox"/> Alarm <input type="checkbox"/> Other <input type="checkbox"/>		Notice given to employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Response Team Performance			
Emergency Control Coordinator at Assembly Point?		Yes <input type="checkbox"/>	No <input type="checkbox"/>



# SAMPLE

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Operation of Building Emergency Equipment			
The emergency signal could be heard throughout the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, where could it not be heard?			
All emergency exit doors operated properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The doors emergency exit were unobstructed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Building Evacuation Emergency Procedures & Emergency Personnel posted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Strong knowledge of emergency equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, indicate areas requiring attention			
Is emergency equipment in place and functioning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, indicate areas requiring attention			
Other relevant information			
This form was completed by			