

# EMERGENCY EVACUATION REPORT

<b>Name:</b>		<b>Position:</b>	
<b>Workplace:</b>		<b>Date/Time:</b>	

Evacuation Items		Yes	No	N/A	Actions Required
1.	Did all wardens wear identification in accordance with the evacuation procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Was all the required emergency evacuation equipment in place and did it function properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Did all persons know where the assembly point was located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Was the evacuation controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**SAMPLE**

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