THE UNIVERSITY OF WINNIPEG

Evacuation Drill Evaluation

Date:	Time of Alarm:

Building/Location:	Method of Alarm and Location:

Total Evacuation Time:	

Section 1 – Immediate Response by Designated Fire Wardens

Did occupants upon hearing the fire alarm system immediately begin to vacate the building as directed through established fire plans?	☐ Y	☐ N	☐ N/A
Were doors and windows (if applicable) closed upon exit to limit the spread of fire?	☐ Y	☐ N	☐ N/A
Were exit doors and stairwells clear of obstructions?	☐ Y	☐ N	☐ N/A
Were all persons (identified) removed from the immediate threat? (Faculty, Students, Staff, Persons with Disabilities)?	☐ Y	☐ N	☐ N/A
Are all occupants (of specific floors or work groups) aware of the location of fire emergency equipment (pull stations, fire extinguishers)?	☐ Y	☐ N	☐ N/A

Section 2 – Building Occupant Knowledge

Did building occupants use the closest and most appropriate exit to vacate their area of work?	☐ Y	☐ N	☐ N/A
Did building occupants display the proper / safe way to evacuate the premises?	☐ Y	☐ N	☐ N/A

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Did building occupants know where their designated muster point is located and did everyone report in and be accounted for?	☐ **Y**	☐ **N**	☐ **N/A**
Did any individual or group refuse to leave the worksite during the alarm? *(If Yes, what is their location in the building and number of individuals)*	☐ **Y**	☐ **N**	☐ **N/A**
If applicable, were persons with disabilities located in a safe "shelter in place" location and this information communicated to emergency responder personnel?	☐ **Y**	☐ **N**	☐ **N/A**

Section 3 – Fire Alarm and Emergency Response Overall Performance

From observation (sight/sound), were all fire alarm notification devices functioning properly, i.e:, Bells, Strobes, Sirens, etc?	☐ **Y**	☐ **N**	☐ **N/A**
Was there effective communication related to the safe and effective egress and access of the site during and after the event?	☐ **Y**	☐ **N**	☐ **N/A**

(This space to be used to identify/comment on Pros and Cons of exercise objectives and make recommendations if any).

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Signature of Evaluator   **Print Name**