EMERGENCY EVACUATION DRILL CHECKLIST AND REPORT

STEP 1: WORK DETAILS							
PROJECT:	RNAJV						
EMERGENCY DESCRIPTION AND LOCATION:	Fire evacuation drill, Olive St compound						
DATE:	**11.06.2020**	**TIME:**	**09.50AM**	**AM/PM**	**DURATION:**	**1**	**HRS**
EMERGENCY COORDINATOR (Person Responsible for the Evacuation Drill)	**Shannen Cassidy**						

STEP 2 EMERGENCY DRILL CHECKS Answer 'Acceptable' or 'Needs Improvement' to all questions below.

REVIEW OF EMERGENCY DRILL	ACCEPTABLE	NEEDS IMPROVEMENT	ITEM
	☒	☐	Was the alarm/emergency call heard by all on site the first time
	☒	☐	Did all on site know the location of the muster point
	☒	☐	Did everyone move promptly to the muster point
	☒	☐	Was the manner in which everyone moved appropriate? (walking or running etc)
	☐	☒	Was there a list available of everyone on site (prestart / toolbox and visitor register)
	☒	☐	Was everyone present when the role was taken
	☒	☐	Was the site cleared before returning to work
	Comments: Project office prestart and sign in was not signed by all office staff. Attendance sheet not available for CAVS staff		

STEP 3: EMERGENCY DRILL REPORT (REVIEW) TO BE COMPLETED

1. Site / Project: RNAJV	**2. Date of drill:** 11.06.20	**3. Name of Emergency Controller:** S.Cassidy

4. Method used for initiating evacuation:	☐ Emergency call over UHF Channel and Siren sounded for compound
	☒ Other (specify: **Air Horn**)
5. Time of initial alarm:	**6. Time when last person checked in at evacuation point:** 9.50am
7. Could the alarm be heard in all locations?	☒ Yes
	☐ No (specify:)
8. Were difficulties encountered when conducting area search?	☐ Yes(specify:)
	☒ No
9. Were all occupants accounted for?	☒ Yes
	☐ No (specify who, why:)

STEP 4: LIST THE CORRECTIVE ACTIONS TO BE ADOPTED AS A RESULT OF THIS EMERGENCY DRILL

ACTION:	PERSON RESPONSIBLE:	BY WHEN:
Advise CAVS on the need to implement a sign in format to enable verification at muster point	**C McCormack**	**12.06.2020**

10. Name: Shannen Cassidy	**Date: 11.06.2020**

After each emergency drill, send copies of the report to the: Supervisor/s, Project Manager, and Systems Manager.

NAME	COMPANY	SIGNATURE	NAME	COMPANY	SIGNATURE
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