Send the completed report to the Fire Information Unit, by email [fireinfo@fireandemergency.nz](mailto:fireinfo@fireandemergency.nz) or post to Fire Information Unit, Fire and Emergency New Zealand, PO Box 68042, Wellesley Street, Auckland 1141.

|  |  |
| --- | --- |
| Part A | Building description |

|  |  |
| --- | --- |
| Building name |  |
| Address |  |

|  |  |
| --- | --- |
| Part B | Contact person details |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person’s name |  | | |
| Phone number |  | Mobile number |  |
| Email address |  | | |

|  |  |
| --- | --- |
| Part C | Evacuation details |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of evacuation |  | | Time of evacuation | |  | am/pm |
| Time taken to evacuate |  | minutes |  | seconds | | |

|  |  |
| --- | --- |
| Part D | Assessment outcomes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| 1 | Did any injuries occur during this trial evacuation?  If yes, detail the injuries that occurred during the trial evacuation |  |  |  |
| 2 | Was the evacuation alarm/method of alerting occupants clearly heard in all areas of the building?  If no, detail issue and action taken to remedy it |  |  |  |
| 3 | Were all exit ways clear?  If no, detail issue and action taken to remedy it |  |  |  |

*Continued on next page*

|  |  |
| --- | --- |
| Part D, continued | Assessment outcomes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | No | N/A |
| 4 | Were ‘FIRE ACTION NOTICES’ in place?  If no, detail issue and action taken to remedy it |  |  |  |
| 5 | Were systems in place to assist anyone who could not self-evacuate and if so, did the systems function?  If no, detail issue and action taken to remedy it |  |  |  |
| 6 | Did any equipment to assist with the evacuation work as intended?  If no, detail issue and action taken to remedy it |  |  |  |
| 7 | Occupants accounted for or building determined to be clear in accordance with the evacuation scheme?  If no, detail issue and action taken to remedy it |  |  |  |
| 8 | When was the last training session for permanent occupants held? |  | | |

|  |  |
| --- | --- |
| Part E | Additional comments |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Contact person signature |  |
| Follow up | Tick this box if you would like to speak to someone about this trial. |