

EMERGENCY EVACUATION REPORT

Emergency Warden - After clearing your area and gathering at your muster point, complete the Emergency Warden Report and provide this information to authorized personnel (i.e. Regina Fire and Protective Services, Regina City Police, Protective Services, or Health & Safety).

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are any building occupants sheltering in an area of refuge and require assistance?
If yes, notify on scene responders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were all building occupants evacuated in a timely manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the emergency assembly area known? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the alternative assembly area known? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were emergency fire exits illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was there clear access to all fire extinguishers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the area outside fire exit doors clear for 2 meters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Could the alarm(s) be heard in all areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any other observations? | | | |

Building:	Date/Time:
Emergency Warden Name:	Nature of Emergency: