

Quality Electric Evacuation Report

This form is to be used to record all emergency evacutaions (including drills)

I. Building Details						
Building Name			Number of Floors (Includin	g Ground Floor)		
Designated Muster Station				•		
Person Completing Form						
II. Evacuation Details						
Evacuation Date / Time:			Evacuation Drill			
Trigger for Evacuation:						
☐ Fire Alarm Activated	☐ Drill	☐ EI	RT 🔲 Seco	urity		
Emergency Situation						
Condition:	ff Only	All Occupants	☐ After Hours	☐ Unoccupied		
Weather:		Evacuation	was orderly with no panic	☐ Yes ☐ No		
Mobility impaired	persons present (si	ight, hearing, physica	al, ect.)	☐ Yes ☐ No		
The majorit	y of evacuees went	to mustering points?		☐ Yes ☐ No		
Were building occupa		drill?	☐ Not a Drill	☐ Yes ☐ No		
III. Emergency Control Organi						
Emergency Coordinator						
Deputy Emergency Coordinator						
Emergency Coordinators				☐ Yes ☐ No		
All Fire Wardens we	☐ Yes ☐ No					
Control	☐ Yes ☐ No					
Evacuation maps and emergency procedure posters are up to date?						
IV. Building Fire & Emergency						
Was the evacutation signal audible throughout the building?						
Automatic closing fire doors closed when the fire alarm activates?				Yes No		
Card access doors automatically released when the fire alarm activated?			☐ Yes ☐ No			
Fire doors and emergency exits unobstructed?						
V. Emergency Response Memb		Consuits	QEI Emergency Coor	ndinatan IICE		
	tenance	Security le	_ , , , , , , , , , , , , , , , , , , ,	rdinator		
Emergency Response Team:						
<u> </u>	ion(s)	By Who	By When	Sign Off / Date		
Issue(s) Act	1011(S)	Бу WПО	by when	Sign On / Date		



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II. Confirmation of Evacuation					
To confirm that all employees have exited the building	ng safely, make sure to get all team memebers to sign of	f on the active roster.			
Print Name:	Signature:	Date:			