

EVACUATION / EMERGENCY RESPONSE CHECKLIST

| | | | |
|--|-------------|--------------|-------------|
| Name of Project: | | Date / Time: | / |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Drill | | | |
| Type of Emergency: | | | |
| <input type="checkbox"/> Fire <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Medical <input type="checkbox"/> Gas Leak <input type="checkbox"/> Flood <input type="checkbox"/> Other | | | |
| Alerted By Name: | | | |
| Alert Person/s By: | | | |
| <input type="checkbox"/> Building Alarm <input type="checkbox"/> Air Horn <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Mobile Telephone | | | |
| Evacuation Details: | | | |
| <input type="checkbox"/> Building <input type="checkbox"/> Floor <input type="checkbox"/> Entire Site | | | |
| Time Commenced: _____ Time Complete: _____ | | | |
| Time re-entered Building/Floor/Site: _____ | | | |
| Assembly Area Position: _____ Suitable: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If No, changed to: _____ Evacuation Plan Updated <input type="checkbox"/> Yes <input type="checkbox"/> No Alarm / Air Horn Re-charged <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Notified to: | | | |
| <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Ambulance <input type="checkbox"/> SES <input type="checkbox"/> N/A | | | |
| Notifiable Incident to Safework NSW | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Details: | | | |
| If a Real Event, please submit an Incident & Work Related Injury Report Doc No: OHS033 | | | |
| Site Foreman Name: | | Sign: | |
| Attendees Sign Off: | | | |
| Name: _____ | Sign: _____ | Name: _____ | Sign: _____ |
| Name: _____ | Sign: _____ | Name: _____ | Sign: _____ |
| Name: _____ | Sign: _____ | Name: _____ | Sign: _____ |
| Name: _____ | Sign: _____ | Name: _____ | Sign: _____ |
| Name: _____ | Sign: _____ | Name: _____ | Sign: _____ |