



TRIAL EVACUATION REPORT

Site Name:
 Address:
 Conducted By:
 Trial Date & Time of day:
 Evacuation Time (Time Taken to evacuate):
 No. Of occupants:
 Evacuation Scheme Reference(if a FENZ registered scheme is in place):
 No. of Units in Total:
 No. of Unit Tag Numbers placed on Board:

Was Manager in Attendance?	Yes	No	
Were Occupants Accounted for in Accordance with Evacuation Scheme?	Yes	No	
Were any Problems reported with Fire Alarm Sounders?	Yes	No	
Was Correct Assembly area(s) used?	Yes	No	
Was the Building Evacuation board and tags used?	Yes	No	N/A
Adequate Signage?	Yes	No	
Were there any reports of obstructions in Fire Exit ways?	Yes	No	
Were any Problems reported or experienced with Fire Exit Doors or evacuating the building?	Yes	No	
Were all Smoke and Fire Control doors closed?	Yes	No	N/A

General Comments:
