

UNIVERSITY OF NEW ORLEANS

ENVIRONMENTAL HEALTH AND SAFETY OFFICE

Fire Drill / Building Evacuation Report

Please complete both sides of form

Building name: _____ Date: _____ Time: _____

Department name: _____ Office Number: _____

Name (please print) and signature of reporting person

Name (please print) and signature of Building Coordinator

Type of emergency causing evacuation: _____

- 1 Number of participants: _____ (approximate)
- 2 Time evacuation began: _____
- 3 Time evacuation ended: _____
- 4 Total time of evacuation: _____
- 5 Number of floors evacuated: _____
- 6 Was the drill conducted in an orderly manner? Yes___ No___
- 7 Did occupants use closest exits? Yes___ No___
- 8 Did people enter the building during the drill? Yes___ No___
- 9 Were alarms audible throughout the building? Yes___ No___
- 10 Were interior doors closed properly? Yes___ No___
- 11 Did floor monitors follow proper procedure? Yes___ No___
- 12 Did Physical Plant Services assist in drill? Yes___ No___
- 13 Did Campus Police assist in security? Yes___ No___
- 14 Were handicapped occupants evacuated? Yes___ No___ N/A ___
- 15 Were elevators used? Yes___ No___ N/A ___

