

EVACUATION REPORT

Send the completed report service.admin@ultrafire.co.nz so we can file it with FENZ.

Part A	Building description
Building name	Scheme reference
Address	
Part B	Contact person details
Part B Contact person's name	Contact person details
	Contact person details Mobile number

Part C			Evacuation details
Date of evacuation		Time of evacuation	am/pm
Time taken to evacuate	minutes	second	s

Part D A		Assessment	sessment outcomes			
		Yes	No	N/A		
1	Did any injuries occur during this trial evacuation? If yes, detail the injuries that occurred during the trial evacuation					
2	Was the evacuation alarm/method of alerting occupants clearly heard in all areas of the building? If no, detail issue and action taken to remedy it					
3	Were all exit ways clear? If no, detail issue and action taken to remedy it					
	Continued on next pag					

Part D, continued Assessment out		outcor	nes		
			Yes	No	N/A
4	Were 'FIRE ACTION No				
5	Were systems in place did the systems function If no, detail issue and action t				
6	Did any equipment to a If no, detail issue and action t	ssist with the evacuation work as intended?			
7	the evacuation scheme If no, detail issue and action t	taken to remedy it			
8	When was the last train	ing session for permanent occupants held?			
Pa	rt E	A	dditional (comme	nts
Cor	Contact person signature				
Follow up		rial.			