

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	
Contact person's name			
Phone number		Mobile number	
Email address			

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

Part D		Assessment 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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
3	Were all exit ways clear? If no, detail issue and action taken to remedy it	<input type="checkbox"/>	<input type="checkbox"/>	

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Part D, continued		Assessment outcomes		
		Yes	No	N/A
4	<p>Were 'FIRE ACTION NOTICES' in place?</p> <p>If no, detail issue and action taken to remedy it</p>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<p>Were systems in place to assist anyone who could not self-evacuate and if so, did the systems function?</p> <p>If no, detail issue and action taken to remedy it</p>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<p>Did any equipment to assist with the evacuation work as intended?</p> <p>If no, detail issue and action taken to remedy it</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<p>Occupants accounted for or building determined to be clear in accordance with the evacuation scheme?</p> <p>If no, detail issue and action taken to remedy it</p>	<input type="checkbox"/>	<input type="checkbox"/>	
8	When was the last training session for permanent occupants held?			

Part E	Additional comments

Contact person signature	
Follow up	<input type="checkbox"/> Tick this box if you would like to speak to someone about this trial.