

EVACUATION REPORT

Assistant/Alternate:		
Floor:	Suite:	Department:
Date of Evacuation:		Reason:
Time of Alarm:	Time of Assembly:	Total Evacuation Time:
Employees Present At Assembly Point:		
Employees Absent At Assembly Point:		
Reason For Their Absence:		
Visitors/Guests Present At Assembly Point:		
Did Anyone Require Assistance? If So, Who And Nature Of Assistance Needed:		
Is This A Temporary Or Permanent Situation?		
Contact With Floor Captain:		
Signed:		Date: