

Evacuation Checklist Report

- √ To be filled out by the Fire Marshall for assessment and evaluation of procedures and equipment after a drill or actual event.
- √ During a drill or event: Communicate with the OIC (Officer In Charge) immediately after assisting evacuation from your area.
- √ Deliver this form to the EHS office or email to dbowser@mica.edu within 24 hours of an event.

Name: _____

Title: _____

Date: _____

Time of Event: _____

Location:

Building: _____ Floor: _____ Room: _____

Weather Conditions: _____

Type of Event:

☐ Fire

☐ Explosion

☐ Hostage Situation

☐ HAZMAT Incident

☐ Bomb Threat

☐ Weather Emergency

☐ Suspicious Package

☐ Medical Emergency

☐ Maintenance Emergency

☐ Smoke

☐ Crime Incident

| Evacuation | Yes | No |
|---|-----|----|
| Did everyone evacuate? | | |
| Did anyone refuse to evacuate? (Give Name and Location Below) | | |
| Did everyone hear the building alarm? | | |
| Did light strobes flash? | | |
| Did anyone have trouble evacuating? | | |
| Were exit routes clear? | | |
| Were exit signs clear and lighted? | | |
| Did everyone meet at designated "Safe Areas"? | | |

Notes and Observations:
