

Emergency Evacuation Drill Observation Report



**ENVIRONMENTAL
HEALTH & SAFETY**
TEXAS A&M UNIVERSITY

Building Name: _____ **Building Number:** _____

Time Evacuation Started: _____ **Ended:** _____ **Total Time:** _____

Type of Drill: **Obstructed** **Unobstructed**

Approximate number of participants: _____

	Yes	No	Not Observed
<input type="checkbox"/> Did occupants immediately begin to evacuate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did building staff check restrooms and confined areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Was building staff aware of persons needing special assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Were doors closed to contain smoke/fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did everyone evacuate the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did everyone remain outside the building and wait for further instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are the building staff knowledgeable in their assigned duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Was the drill conducted in an orderly manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drill Rating: **Excellent** **Good** **Poor**

Comments:

Observed/Rated By: _____

Building Proctor/Person in Charge: _____

Date of Drill: _____