

Trial evacuation

EVACUATION SCHEMES REGULATIONS 2018

SEND THE COMPLETED REPORT TO

service.admin@ultrafire.co.nz

FIRE AND EMERGENCY DEADLINE

10 working days after the trial

TRIAL FREQUENCY

At least every 6 months

On the day: phone the Fire Communications Centre 10 to 15 minutes before the trial, and again straight after it finishes, so a fire truck isn't sent.

09 486 7948

North of a line from Mt Taranaki to East Cape, incl. Bay of Plenty

04 801 0812

Rest of the North Island, south of that line

03 341 0266

South Island

Evacuated for a real alarm? That counts as a trial if Fire and Emergency gets this report within 10 working days.

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	min	sec	People evacuated	
Type of evacuation	☐ Planned trial ☐ Real alarm activation			
Comms centre phoned	☐ Yes ☐ No			

PART D
ASSESSMENT OUTCOMES

	YES	NO	N/A
1 Did any injuries occur during this trial evacuation? If yes, detail the injuries that occurred 	☐	☐	
2 Was the evacuation alarm, or other way of alerting occupants, clearly heard in all areas of the building? If no, detail the issue and the action taken to fix it 	☐	☐	

PART D, CONTINUED		ASSESSMENT OUTCOMES		
		YES	NO	N/A
3	Were all exit ways clear? If no, detail the issue and the action taken to fix it _____ _____	☐	☐	
4	Were Fire Action Notices in place? If no, detail the issue and the action taken to fix it _____ _____	☐	☐	
5	Were systems in place to help anyone who could not self-evacuate, and if so, did they work? If no, detail the issue and the action taken to fix it _____	☐	☐	☐
6	Did any equipment used to help with the evacuation work as intended? If no, detail the issue and the action taken to fix it _____ _____	☐	☐	☐
7	Were all occupants accounted for, or the building confirmed clear, as the evacuation scheme requires? If no, detail the issue and the action taken to fix it _____	☐	☐	
8	When was the last training session for permanent occupants held? Enter the date			

PART E	ADDITIONAL COMMENTS

Contact person's name	Signature	Date
_____	_____	_____

☐ **Follow up.** Tick this box if you'd like to talk to someone about this trial.