

LDC Emergency Evacuation Evaluation Register



Date: ___ / ___ / ___ Time: _____ Type of Drill: Lockdown Evacuation

Reason for drill: _____

Name of Room: _____ Staff calling drill: _____

Number of children present throughout drill: _____

Staff present throughout drill: _____

Others present throughout drill: _____

Time taken from start of drill to end of drill: _____

Events that occurred throughout the evacuation: _____

Follow Up if required: _____

- Emergency plans are located near all exits Evacuation pack taken
- Asthma medication taken Mobile phone taken All staff heard warning
- Emergency contacts taken Staff know how to use pager system
- All children and staff accounted for Smoke detectors functioning
- All rooms checked before evacuating Staff know how to use fire extinguishers
- Staff know how to use fire extinguishers
- Staff and children know emergency contact number 000
- Children reminded of what to do - If clothes catch on fire STOP DROP ROLL
- How to avoid smoke GET DOWN LOW AND GO GO GO