

Emergency Evacuation Drill Observer's Report

Drill Date:		Shift:
Type of Drill		
<input type="checkbox"/> Fire <input type="checkbox"/> Fall Down		
<input type="checkbox"/> Spillage <input type="checkbox"/> Gas Leakage		
<input type="checkbox"/> Other - Please Specify		
Drill Start Time:	Drill End Time:	Total Time of Drill:
Alarm Worked Properly?	Describe what happen when alarmed?	
Its there all the areas heard alarm? - Specify in case not heard any location		
Peoples are evacuated properly? - Describe Situation		
Is there individual peoples are not performed properly?		
Name of the personnel for further training		
Communication between chain		
Observer report / Remarks Note		
Sign. & Date:		