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**UNIVERSITY OF BEDFORDSHIRE
BUILDING EVACUATION CONTROLLER'S RECORD OF EVACUATION**

This form should be completed by the Building Evacuation Controller, senior member of staff present or Hall Manager/Resident Tutor/senior student in halls. Building Manager/security should complete the form for academic buildings "out of hours". It should be used to record building evacuation, fires and faults in the fire detection system. Upon completion this form should be returned to the University Health and Safety Department, Luton.

The Controller should be available to report with this information to the Fire Brigade

Name of Building:	Date:	Time:
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1 TYPE OF EVACUATION (please tick)

1. Halls of Residence		5. Malicious Alarms/ Hoax	
2. Academic Building		6. Practice Evacuation	
3. Fire		7. False Alarms/Fault in Alarm System	
4. Alarm activated by smoke, dust, heat steam, etc but no fire		8. Bomb Alert by Word of Mouth	
		9. Other	
Details of cause e.g. <i>frying pan fire, kitchen</i>			

2 DISABLED PERSONS

Disabled Person in Refuge Numbers:	
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3 EVACUATION REPORT

7. The number of minutes taken to evacuate the building was.	
8. That a) The Evacuation Officers reported all rooms evacuated. Or b) The people named below failed or were slow to, evacuate	
Name.	Faculty/Support Dept.

Please continue on separate sheet if necessary

4 FIRE BRIGADE

9. Summoned	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time taken to arrive _____	Minutes
If the alarm sounded and the fire brigade was not summoned give reason:				

5 EVACUATION RESULT

This evacuation/situation was considered	SATISFACTORY / NON SATISFACTORY
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