



Bermuda Fire & Rescue Service
Fire Protection Division
Emergency Evacuation Check List

Fire Service Ref. No. _____

Name of Premises: _____ Address: _____

Contact Person: _____

Schedule Time: _____ Actual Start time: _____ Finish Time: _____

Time Last Employee out of building (two-three mins depending on occupant load): _____

Time last Employee arrives at assembly point (min.): _____

Attendance reported to B.F.R.S by Head Fire Warden (min.): _____

Approx. Total Attendance: _____

Fire Safety Plan: Yes No

Alarm System:

- Alarm Audibility : Good Poor N/A
- Visual Warning (Strobe Lights) Yes No
- Manual Pull Stations Visible Yes No
- Annunciator Panel Correctly Indicates alarm zone / location Yes No

Exits:

- Exit signs visible Yes No
- Exit doors not obstructed, blocked or locked Yes No
- No obstructions outside of exit. (Bikes, trash cans, etc.) Yes No

Attending BFRS Officer # _____

BFRS Officer Signature _____

- No obstructions or storage in exit access (hallways, corridors, stairways) Yes No

Fire Marshall/Staff Responsibility:

- Report expediently to assigned Assembly point and remain there Yes No
- Fire Marshall's clearly identifiable and visible Yes No

Assembly Point:

- Organized into sections Yes No
- Head Fire Warden report attendance to BFRS Yes No

General:

- Alarm Company representative in attendance Yes No

Remarks: _____

Attending BFRS Officer # _____

BFRS Officer Signature _____