



UOW SAFE@WORK

Emergency Debrief Form

Time: _____ Date: _____ Campus: _____ Building Number: _____

Chief Building Warden: _____ Deputy Chief Building Warden: _____

Was this emergency a planned exercise Yes No

Emergency	Response
Tick the relevant check box: <input type="checkbox"/> Fire Smoke Alarm <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Internal Emergency <input type="checkbox"/> Fire Smoke <input type="checkbox"/> Personal Threat <input type="checkbox"/> External Emergency	Tick the relevant check box: <input type="checkbox"/> Full Evacuation <input type="checkbox"/> Partial Evacuation <input type="checkbox"/> Shelter In Place Procedure <input type="checkbox"/> Lockdown Procedure <input type="checkbox"/> Armed intruder, Evacuation, Hide or Other Appropriate Action <input type="checkbox"/> Other

Emergency Evacuation Details <small>(only complete this section if a full or partial evacuation was used as an emergency response).</small>	Yes	No	NA
Was the alarm system audible in all parts of the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there enough building wardens to initiate the evacuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all building wardens wear a vest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were Personal Emergency Evacuation Plans (PEEPs) initiated accordingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any other issues been discussed and noted? (if yes list in notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes
(list any issue that arose during the emergency).

The hazard reporting system [SafetyNET](#) must be used to report all hazards or incidents related to the emergency. Please send a completed copy of this form to the WHS Unit (whs-admin@uow.edu.au).