

**University of Louisiana at Monroe  
Environmental Health and Safety Department**

Date:

Stop Time:

Total Time  
Taken:

|   | <b>Item</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>Comments</b> |
|---|---|------------|-----------|------------|-----------------|
| 1 | Was the evacuation of the building conducted in a safe, orderly manner? |            |           |            |                 |
| 2 | Did building occupants use the closest exits?                           |            |           |            |                 |
| 3 | Did anyone enter the building during the evacuation?                    |            |           |            |                 |
| 4 | Did everyone in the building evacuate?                                  |            |           |            |                 |
| 5 | Were fire alarms audible throughout the building?                       |            |           |            |                 |
| 6 | Were interior doors closed properly?                                    |            |           |            |                 |
| 7 | Were handicapped occupants evacuated safely?                            |            |           |            |                 |
| 8 | Were elevators used?  |            |           |            |                 |
| 9 | Did everyone assemble in the proper locations?                          |            |           |            |                 |

| <b>#</b> | <b>Item</b> |
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Person Completing this Report (print name):

Person Completing this Report (signature):