Alberta FarmSafe Plan Worksheet 6.3 Evacuation Report

Date of Evacuation:	Time of Evacuation:
Area(s) Involved:	
Was the alarm sounded properly?	Did all areas hear the alarm?
WAS THE FACILITY MANAGER OR DESIGNATED SAFETY REPRESENTATIVE PRESENT?	
Name:	Title:
EMERGENCY RESPONSE TEAM INVOLVED:	
Name:	Duty:
DEFICIENCIES NOTED:	
RECOMMENDED CORRECTIVE MEASURES:	
OVERALL RESULTS OF EMERGENCY EVACUATION:	
Signed:	Dated: