

# Gargunnock Community Centre



## Evacuation Practice Report

User/Group:

Date of Practice:

Time:

Weather Conditions:

Practice Organiser:

Persons Involved:

Comments on Organisation of the Evacuation:

Time from Alarm to Verification of Headcount: \_\_\_\_\_ minutes

Was Evacuation Effective?

Yes

☐

No

☐

Problems:

Suggested Opportunities for Improvement:

Signature of Practice Organiser:

Date: \_\_\_\_\_