# FIRE ALARM ACTIVATION REPORT FORM

**Please complete this form following a fire alarm activation and return to**

**Kay Wright – Facilities Manager**

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| Dept: |
| Date of Fire Alarm activation: | Time:  |
| Number of participants: |
| Realistic optimum evacuation time: **2 Minutes** | Actualevacuation time: **Minutes** |
| All present at roll call? |
| Action taken (if not all present): |
| Person responsible - (**named Fire Warden**): |
| Reason for Fire Alarm Activation: |  |
| General assessment: |
| Additional comments:**Please refer all concerns regarding buildings, escape routes, alarm systems, audibility, etc. directly to the Director of Estates**  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kay Wright – Fire Alarm Activation Report Form – 1st February 2024