# 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** | | Actual  evacuation 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