



OFFICE OF
EMERGENCY SERVICES

OES@SFSU.EDU
415-338-7300

BERC's Evacuation Evaluation Report Form

(To be completed after every evacuation)

Name of Building:	
Name of Acting BERC during Evacuation:	
Date of Evacuation:	
Cause of Evacuation:	

Time event started:	
Time alarm was pulled:	
Time of UPD arrival:	
Total time UPD took to arrive:	
Time last person exited building:	
Total time to evacuate building:	
Time re-entry was approved:	
Total time of drill:	

Describe Evacuation Weather Conditions:	
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Participating Groups: UPD SFPD SFFD OES EHS Facilities Other Dept

Were there enough Floor Wardens to sweep every floor?	Y	N
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Were there any challenges in evacuating individuals with disabilities, describe the circumstances:
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Was there any issues associated with the designated assembly area, describe the circumstances:
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If this was a planned drill, who was informed of the drill ahead of time?

Did alarm devices operate properly, describe the circumstances:

What if any conditions were simulated for the drill?
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Were there any people who resisted/refused to evacuate, describe the people and the circumstances:
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Proposed Corrective Actions:	Assigned To	Due Date

Report Prepared by (please print): _____ Phone: _____

Send copies to: Office of Emergency Services, oes@sfsu.edu & Fire/Life Safety Manager, dabordo@sfsu.edu

Summary of Floor Sweep Reports

Floor #/Sweep Area	Sweeper's Name
Observations:	

Floor #/Sweep Area	Sweeper's Name
Observations:	

Floor #/Sweep Area	Sweeper's Name
Observations:	

Floor #/Sweep Area	Sweeper's Name
Observations:	

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