

Emergency Evacuation Practice Record Sheet

Rehearsals should take place at various times of the day and week

*One evacuation **and** one invacuation are to be practiced quarterly*

Educator:.....Date.....

Children present:.....

‘Emergency’ location:.....

Evacuation time:.....

Comments:.....

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Educator’s signature:.....

Scheme staff signature:.....Date sighted:.....

Emergency Invacuation Practice Record Sheet

Educator:.....Date:.....

Children present:.....

‘Emergency’:.....

Invacuation time:.....

Comments:.....

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Educator’s signature:.....

Scheme staff signature:.....Date sighted:.....