

# EMERGENCY EVACUATION DRILL CERTIFICATION

**To:** Office of Risk Management

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

**Building Name:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

**Building Number:** \_\_\_\_\_

**Highest Ranking Individual User:** \_\_\_\_\_

**Designee:** \_\_\_\_\_

**Evacuation Drill Conducted On:** \_\_\_\_\_

**Observations** (Persons refusing to evacuate; additional training of floor monitors needed; connections to evacuation floor plan needed, etc.):

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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_