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Disability Access Audit	Evacuation Arrangements
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Name of Premises:	
Address:	
Description:	

Document Downloaded:	
Author Name:	
Version:	
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DAA Ref.	Issue	Technical Tips
16.1	Is an audible alarm supplemented by a visual alarm	Or what alternative alarm have you in place for employees and visitors
16.2	Are the ground floor exit routes accessible to all, including wheelchair users	Have you walked each route to check for steps and obstructions
16.3	Is vertical escape from an upper or lower floor possible using a fire protected lift with an independent power supply	Check with your lift service maintenance provider
16.4	If people with disabilities cannot completely evacuate the building, can they reach places of safety or refuge	Have you created an evacuation plan for all personnel and trained in its application
16.5		
16.6		
16.7		

Findings and Observations	Action Required	Action Completed	Completion Date

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Duty Holder Name:

Signature:

Date:

me: