Complete this form to report on your evacuation training programme. Attach the:

* summary of the content of the evacuation training programme
* assessment results for the permanent occupants who completed the programme.   
  **Note:** Ensure each person’s assessment results indicate whether it was their initial or refresher training.

Send the completed form to the Regulatory Compliance Group, either by email to [evacuation@fireandemergency.nz](mailto:evacuation@fireandemergency.nz) or post to Regulatory Compliance Group, Fire and Emergency New Zealand, PO Box 68444, Victoria Street West, Auckland 1142.

|  |  |
| --- | --- |
| Part A | Building details |

|  |  |
| --- | --- |
| Evacuation scheme reference # |  |
| Building name |  |
| Building street address |  |
| Building owner’s name |  |
| Building owner’s postal address |  |
| Building owner’s email address |  |

|  |  |
| --- | --- |
| Part B | Contact details for person responsible for training |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact person’s name |  | | |
| Phone number |  | Mobile number |  |
| Email address |  | | |

|  |  |
| --- | --- |
| Part C | Training programme details |

|  |  |
| --- | --- |
| Refresher training completed by | Enter the number of occupants permanent occupants |
| Initial training completed by | Enter the number of occupants permanent occupants |

|  |  |
| --- | --- |
| Part D | Contact person’s signature |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Follow up | Tick this box if you would like to speak to someone about your evacuation training programme. | | |