***All Emergency Wardens must ensure they have completed Warden Training Part A on Skytrust prior to completing the Part B practical training.***

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| **Section 1:** To be completed by the Warden **prior** to attending Part B Training and provided to the assessor at Part B Training to complete Section 2.  |
| Warden Name |  | Warden Type: Building / Floor / Area |  |
| Building Number & Floor  |  | Building Name |  |
| Business Unit |  | Part A Training Completed | Yes / No |
| **Section 2: Warden Performance and Competency** – to be completed by Assessor  |
| Criteria | Yes | No | Criteria | Yes | No |
| Part A was completed prior to attending |   |   | Hazards impairing evacuation identified |   |   |
| Wardens wearing Vest |   |   | Wardens using Emergency Flip Charts |   |   |
| Communication was clear, firm and appropriate  |   |   | Evacuation conducted in a systematic manner |   |   |
| Call to 000 was simulated with location details |   |   | Building Warden was notified |   |   |
| Call to UNE Safety and Security was simulated |   |   | Mobility impaired participants were assisted & accounted for |   |   |
| Lifts were not used |   |   | Exits secured |   |   |
| Floor wardens check designated floor/area |   |   | Suitable footwear worn upon evacuation |   |   |
| Neighbours and/or other building occupants were notified of emergency (simulated) |   |   | Warden directions were obeyed and any refusal was managed appropriately  |   |   |
| Building Warden attended Fire Panel  |   |   | Warden used occupants log (if applicable) to account for all personnel |   |   |
| Building Warden displayed competency using PA System |   |   | Building Warden maintained control with other Wardens |   |   |
| Floor wardens report their designated area clear to Building Warden |   |   | Building Warden handover to Security and Emergency Services was appropriate |   |   |
| Evacuation completed calmly |   |   | All occupants present at designated assembly area |   |   |
| Warden briefing to staff afterwards was appropriate |   |   | Staff returned to the building when directed by warden |   |   |
| **Comments:**  |
| **Warden deemed competent?** | **Yes**  | **No** |
| Assessor Name | Position | Signature | Date |
|  |   |  |  |
| Warden Signature |   | Date |   |

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| ***Attach this form to Warden Part B Training in UNESAFE Learning on Skytrust*** |