***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*** |