



CSCS Emergency Response Test Form

Date:	Location: (e.g. Wagga Wagga)
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Building Information: (e.g. Building Number, Levels, Residential space, Office space)

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Persons responsible for conducting test:

Name:	Contact No.	Email:	Sign:
Name:	Contact No.	Email:	Sign:
Work order reference No. <i>If not applicable state N/A:</i>			

Type of Emergency - describe scenario: (e.g. Fire, Bomb Threat, Medical emergency)

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Special conditions simulated:

Provide a description of any special conditions simulated (e.g. casualties, smoke, alarm sound etc.). *If not applicable state N/A:*

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Emergency Services Contacts:

Fire Services	000
Ambulance Services	000
Police Services	000
Poisons Hotline	13 11 26
Security internal shortcut dial	400
Albury-Wodonga Campus Security	02 605 19888
Bathurst Campus Security	02 633 84999
Dubbo Campus Security	02 636 57494
Orange Campus Security	02 636 57522
Wagga Campus Security	02 693 32288



Test Information

Time Commenced:

Time Completed:

Assembly location: *If not applicable state N/A*

Number of occupants evacuated: *If not applicable state N/A*

Notes: *(i.e. problems encountered, recommendations)*

