

# EMERGENCY EVACUATION VISITOR LOG

On-site safety record and headcount verification

Date: \_\_\_\_\_  
Assembly Point: \_\_\_\_\_

NO.	VISITOR FULL NAME	REPRESENTING/COMPANY	TIME IN	CONTACT NUMBER	PERSON VISITING	ACCOUNTED FOR
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

NO.	VISITOR FULL NAME	REPRESENTING/COMPANY	TIME IN	CONTACT NUMBER	PERSON VISITING	ACCOUNTED FOR
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13

14

15

Fire Warden / Safety Officer Name

Signature

Time All Clear Issued