

Site Location: _____ **Date in Effect:** _____

<p>Potential Emergencies. <i>(As stated on JHA)</i></p>	<p>The following are identified potential emergencies:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Emergency Procedures.</p>	<p>In the event of an emergency, the following personnel; _____ will ensure the following steps and decisions will be executed;</p> <ul style="list-style-type: none"> • _____ • _____ • _____
<p>Location of Emergency Equipment.</p>	<p>The following emergency equipment is located at;</p> <p>Fire Alarm Pullstation: _____</p> <p>Fire Extinguishers: _____</p> <p>Fire Hose: _____</p> <p>Panic/Emergency Button: _____</p> <p>Emergency Phone: _____</p> <p>Other Devices: _____</p>
<p>Names of workers that are trained in emergency procedures and/or first-aid.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
<p>Emergency Contact Numbers</p>	<p>Name: _____ Phone #: _____</p> <p>Name: _____ Phone #: _____</p> <p>Name: _____ Phone #: _____</p> <p>Name: _____ Phone #: _____</p> <p>Name: _____ Phone #: _____</p>

Location of Emergency Facilities.	The nearest emergency services are located; <ul style="list-style-type: none"> • Fire Dep.: _____ • Ambulance: _____ • Police : _____ • Other Services : _____
Fire Protection Requirements.	_____ _____ _____ _____ _____
Alarm & Emergency Communication Requirements.	_____ _____ _____ _____ _____
First-Aid Requirements.	First-Aid Kit #: _____ First-Aid Kit Location: _____ AED (if equipped) Location: _____ First-Aid Room (if equipped) Location: _____ First-Aid Contact (Name): _____ (Phone #): _____
Emergency Information & Material Locations.	MSDS sheets: _____ Eye Wash Station: _____ Company H&S Manual: _____ Site H&S Manual : _____

Emergency Response Plan Completed By:

(print): _____ (sign): _____

Date: _____ Time: _____