**Emergency Response Plan**

Company name:

Location:

Date completed:

Signed:

**Emergency operations coordinator (EOC)**

The emergency operations coordinator (EOC) is the person who serves as the main contact person for the company in an emergency. The EOC is responsible for making decisions and following the steps described in this emergency response plan. In the event of an emergency occurring within or affecting the worksite, the primary contact will serve as the EOC. If the primary contact is unable to fulfill the EOC duties, the secondary contact will take on this role.

| **Primary contact**  Name:  Telephone number:  Other phone number:  E-mail: | **Secondary contact**  Name:  Telephone number:  Other phone number:  E-mail: |
| --- | --- |

**Emergency contact numbers**

Hospital: Emergency:

**Potential emergencies**

The following potential emergencies have been identified in hazard assessments:

1.

2.

3.

4.

**Location of emergency equipment**

Fire alarm:

Fire extinguisher:

Fire hose:

Panic alarm button:

Personal protective equipment (PPE):

Emergency communication equipment:

Other:

**Training requirements for emergency response**

Type of training:

How often:

**Employees trained in the use of emergency equipment**

The following employees have received emergency equipment training:

1.

2.

3.

4.

| **First aid**  Type of first aid kit:  Location of first aid kit:  Other supplies:  Transportation for ill or injured employees: | **First aid attendant (employee trained in first aid)**  Name:  Location:  Shift or hours of work: |
| --- | --- |

**Annual review**

We will review and update this emergency response plan in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(date)

**Communications**

We will communicate our emergency plans to employees in the following way:

In the event of a disaster, we will communicate with employees in the following way:

**Procedures for rescue and evacuation**

**Evacuation plan for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location**

(address)

We have developed these plans in collaboration with neighbouring businesses and building owners to avoid confusion or gridlock. We have located, copied, and posted building and site maps. We have ensured that exits are clearly marked. We will practice evacuation procedures \_\_\_\_ times a year.

If we must leave the workplace quickly, we will follow this evacuation procedure:

Warning system:

The warning system will be tested \_\_\_\_ times a year.

Assembly site:

Person responsible for issuing all clear:

**Shelter-in-place plan for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location**

(address)

We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals should consider keeping in a portable kit personalized for individual needs.

**Employee emergency contact information**

**Employee name Contact person and number Alternate contact person**

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| --- | --- | --- | --- | --- |
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