

EMERGENCY RESPONSE ACTIVATION RECORD

Date of Emergency Activation			
Time of the Event			
Plan Activated			
<input type="checkbox"/> Evacuation	<input type="checkbox"/> Medical Emergency		
<input type="checkbox"/> Shelter in Place	<input type="checkbox"/> Harassment or Violence		
<input type="checkbox"/> Power Outage	<input type="checkbox"/> Spill		
Type of Response			
<input type="checkbox"/> Actual Emergency		<input type="checkbox"/> Simulation Exercise	
Describe the event			
Were there any deficiencies noted? If yes, explain.			
Was the ERP reviewed to ensure it is effective? If yes, record any changes to be made.			
Additional comments			
Action Items	Assigned To	Target Completion Date	Risk Rate
<i>Risk Ranking</i>	LOW: minor injury/prop damage	MED: major injury/prop damage	HIGH: Severe injury/fatality or significant damage
Supervisor Signature:		Date:	
H&S Representative/Co-Chair Signature:		Date:	
Senior Manager Signature:		Date:	