| Company | | | | |
|---|--------------------------------|-------------|----------|----------------------|
| Address | | | | |
| Completed by (your na | ame) | | | |
| Date (today's date) | | | | |
| Potential emergency (e.g. power outage, flood Refer to your hazard a determine which hazar rescue or evacuation | d, fire, robbery) ssessment to | | | |
| | on of emergend | | oment a | |
| Emergency equipment | Equipment | Location | | Operating procedures |
| including fire | | | | |
| protection requirements | | | | |
| (e.g. alarms, fire extinguishers, hoses, | | | | |
| fire doors) | | | | |
| | | | | |
| | | | T | |
| First aid (e.g. first aid kit – type and location; blanket, | First aid kit | | Location | |
| first aiders/shift, transportation) | First aid supplies | | Location | |
| | First Aiders | | | |
| | Morning shift | Afternoon s | shift | Night shift |

Address/distance

List and location of

emergency facilities

(e.g. fire station, hospital, police)

Transportation plan

Facility name

| Alarm and emergency communication requirements | | | | | | | |
|--|------------|--------------------------------|-------|-------|-------------------|--|-----------|
| Rescue and | Procedur | es | | | | | |
| evacuation procedures | | | | | | | |
| Emergency | Emergen | Emergency situation Procedures | | | | | |
| response procedures (Detailed procedures to be followed for each identified emergency) | | | | | | | |
| Emergency response training | Position (| | | | Training received | | Frequency |
| and requirements | AM shift | PM shift | Night | shift | received | | |
| (list the positions or | | | | | | | |
| names of workers trained to use each type of emergency equipment and those trained in rescue and | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| evacuation procedures) | | | | | | | |

Planning team list

Management

| Department | | | | |
|-----------------------------|---------------------------|----------|-------|--|
| | Position | Position | | |
| | 1 | | | |
| Health & safety committee m | nembers or representative | | | |
| Name | Position | Position | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Workers | | | | |
| Name | Position | | Shift | |
| | | | | |
| | | | | |
| | | | | |
| Property management comp | any | | | |
| | ally | | | |
| Contact name | | Phone | | |
| Fire Police EMS | | | | |
| Name | | Phone | | |
| Name | | Phone | | |

Municipality

Name

| Department | Name |
|------------|-------|
| | Phone |

Phone

Emergency contact list (template)

| Company address | Business phone |
|-----------------|----------------|
| Prepared by | |

Emergency response contacts

| Police | 9-1-1 |
|--|----------------|
| Police (non-emergency) | |
| Emergency Medical Services (Ambulance) | 9-1-1 |
| Fire | 9-1-1 |
| Poison control | 1-800-332-1414 |

Company contacts

| Owner/General manager | |
|-------------------------------|--|
| Manager | |
| Health and Safety coordinator | |
| Maintenance | |
| Security | |
| Public relations (designated) | |
| Other | |

Alberta Government contacts

| Occupational Health and Safety | 1-866-415-8690 (toll free) 780-415-8690 (in Edmonton) |
|-----------------------------------|--|
| Workers' Compensation Board (WCB) | 1-866-922-9221 (toll free) |
| Alberta Environment | |
| Other | |

Company contacts

| Power company | |
|-------------------|--|
| Gas company | |
| Telephone company | |
| Insurance company | |
| | |
| | |

Emergency response plan (template)

| Company | | | Completed date | | | | | |
|---------------|--------------------|-------------|-----------------------|---------------------|-------------------|----------------------------|-------|------|
| | | | | Revi | ewed | date | | |
| Address | | | | | | | | |
| | Training c | ompletion (| date | | | | | |
| | Standard first aid | | | | her | _ | | |
| Worker's name | Initial | Recertify | Rescue and Evaluation | Emergency Warden | Fire Extinguisher | Emergency Response Plan | Other | Date |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Emergency response plan – Record of drill (template)

| Leader conducting drill | | | | | |
|---|-------------|------------|--------------|--|--|
| Department | D | Orill date | | | |
| Type of drill (e.g. evacuation, table top, role play) | | | | | |
| Participants | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Evacuation time | | | | | |
| Items done well | | | | | |
| | | | | | |
| Items requiring improvement | | | | | |
| | A . 14 | | T (1) | | |
| Corrective actions | Assigned to | | Target date | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Scheduled date of next drill | | | | | |
| Comments | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Reviewed by | | | Date | | |
| | | | | | |
| Name | Signatu | ure | | | |
| | | | | | |

Planning team list

Use the following checklist to help you decide whether or not your organization is prepared for an emergency.

| Checklist | YES | NO |
|--|-----|----|
| Is there a written emergency response plan for each work site aligning with the hazards at the site? | | |
| Does this plan include: | | |
| A list of potential emergencies? | | |
| Procedures for dealing with the identified emergencies? | | |
| A list of responsible emergency response personnel? | | |
| Procedures for rescue and evacuation? | | |
| A list of designated rescue and evacuation workers? | | |
| Emergency response training requirements? | | |
| Alarm and emergency communication requirements? | | |
| Fire protection requirements? | | |
| Identification, location and instructions for use of emergency equipment and facilities? | | |
| Emergency contact information? | | |
| Do your first aid suppliers and facilities meet legislated requirements? | | |
| Do you have the required number of trained first aiders? | | |
| Do workers understand their responsibilities under the plan? | | |
| Have workers been trained in their individual responsibilities? | | |
| Are emergency response drills conducted regularly? | | |
| Are all records of emergency response activities (including drills) reviewed to identify gaps? | | |
| Is the plan current? | | |