|  |
| --- |
| **Company**  |
| **Address**  |
| **Completed by** (your name)  |
| **Date** (today’s date) |
| **Potential emergency**(e.g. power outage, flood, fire, robbery)Refer to your hazard assessment to determine which hazards could require rescue or evacuation |  |

**List and location of emergency equipment and facilities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency equipment including fire protection requirements**(e.g. alarms, fire extinguishers, hoses, fire doors) | **Equipment** | **Location** | **Operating procedures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **First aid**(e.g. first aid kit – type and location; blanket, first aiders/shift, transportation) | **First aid kit** | **Location** |
| **First aid supplies** | **Location** |
| **First Aiders** |
| Morning shift | Afternoon shift | Night shift |
| **Transportation plan** |
| **List and location of emergency facilities**(e.g. fire station, hospital, police) | **Facility name** | **Address/distance** |
|  |  |
|  |  |
|  |  |
| **Alarm and emergency communication requirements** |  |
| **Rescue and evacuation procedures** | **Procedures** |
|  |
| **Emergency response procedures**(Detailed procedures to be followed for each identified emergency) | **Emergency situation** | **Procedures** |
|  |  |
| **Emergency response training and requirements**(list the positions or names of workers trained to use each type of emergency equipment and those trained in rescue and evacuation procedures) | **Position or name** | **Training received** | **Frequency** |
| AM shift | PM shift | Night shift |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Planning team list**

**Management**

|  |  |
| --- | --- |
| Department | Name  |
| Position  |

**Health & safety committee members or representative**

|  |  |
| --- | --- |
| Name | Position |

**Workers**

|  |  |  |
| --- | --- | --- |
| Name | Position | Shift |

**Property management company**

|  |  |
| --- | --- |
| Contact name  | Phone  |

**Fire | Police | EMS**

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

**Municipality**

|  |  |
| --- | --- |
| Department | Name  |
| 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** |
| **Reviewed date** |
| **Address** |
| **Worker’s name** | **Training completion date** | **Date** |
| **Standard first aid** | Rescue and Evaluation | Emergency Warden | Fire Extinguisher | Emergency Response Plan | Other |
| Initial | Recertify |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |

**Emergency response plan –
Record of drill** (template)

|  |
| --- |
| **Leader conducting drill** |
| **Department** | **Drill date** |
| **Type of drill** (e.g. evacuation, table top, role play) |
| **Participants** |
| **Evacuation time** |
| **Items done well** |
| **Items requiring improvement** |
| **Corrective actions** | **Assigned to** | **Target date** |
| **Scheduled date of next drill** |
| **Comments** |
| **Reviewed by****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name Signature | **Date** |

**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?** | [ ]  | [ ]  |