Appendix 15-A
Emergency Plan Guideline/Checklist

A. General Information:

1. Describe work activity conducted at this location: _____
_____

2. Describe the management levels which exist at the facility / jobsite and name the individuals who hold those positions: _____
_____

3. List the supervisor(s) / employees working regularly at this site who are trained in First Aid *I* CPR: _____
_____

4. Natural disasters this geographic area is prone to:
Floods: _____ Tornadoes:_____
Hurricanes:_____ Earthquakes:_____

5. Number of levels this facility has where work is performed: _____

B. Work Environment:

1. List the heavy labor jobs at this facility. _____
_____

2. Detail the hazardous materials used at this facility. (This includes chemicals, fuels, etc):
_____

4. Does this site emit any types of gases or exhaust into the air? _____
_____
_____

5. Does this site store large quantities of flammable materials? If so, what types? _____
_____

6. What types of emergency incidents have occurred since this facility began operations?
_____
_____

C. Fire Protection:

1. What type of fire alarm system does the facility have or is available to use? How is it activated? Is the fire department automatically notified? _____
_____

2. How are people in the facility / site made aware of a fire or other emergency? _____
_____

3. Does the facility have smoke detectors or an automatic sprinkler system? _____
Is it operational? ____ please describe:_____
_____

4. What flammable / combustible materials are being stored on the premises and where? ___
_____
_____

5. Are an adequate # and type of fire extinguishers available? _____ Are they inspected both monthly internally and annually by a vendor? _____ Are extra extinguishers needed to perform welding or other hot work operations? _____

6. Are there people designated for extinguishing fires?_____

7. Have these people received the necessary training?_____

8. Describe the housekeeping and storage arrangements?_____
_____

9. Are there procedures for evacuating employees *I* guests? _____

10. List the possible ignition sources? _____
_____

11. What phone numbers need to be called in the event of a fire?
_____

12. Are these numbers posted in key areas? _____

D. Bomb Threat:

1. Who is designated to assist police, arson, or bomb squad(s) with a search? _____

2. Who will document the caller information? _____

E. Loss of Utilities:

1. What types of utilities are utilized by this facility? _____
_____

2. Which companies supply these utilities (emergency #'s)? _____
_____

3. Does a loss of any particular utility pose a hazard to the environment? _____
_____

4. Are there back-up systems in place for temporary utilities, and if so, how do they work?
_____
_____

F. Community Response Services:

1. What telephone number(s) will be called in the event of a health emergency? _____
_____

2. Where are the closest medical facilities? _____
_____

3. Who will act as our contact with those facilities? _____
_____

4. Where is the closest Trauma Center? _____

5. What is the telephone number of the local police department? _____

6. Does the town or city have a HAZMAT team? _____

7. Who are the media sources in the area? _____
_____

8. Who is designated from the company to respond to media questions? _____
_____

Comments/Notes:

_____ _____
Facility / Project Manager Signature Date