

MY EMERGENCY RESPONSE PLAN

Travel Plan

Leave the following information with _____ (check-in person) for each out of town trip where you are not returning home that day.

From (home):	To:
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 1st destination:	To 2nd destination:
Date	
Estimated time of arrival	
Destination with phone number	
Travel route:	
Contracting company name	
Contracting company phone #	
Contracting company contact person	
From 2nd destination:	To (home) destination:
Date	
Estimated time of arrival	
Travel route:	

- Leave cell/sat phone # (_____)_____ - _____) on at all times
- Check for messages when in cell phone service range
- Call and leave message at phone #(_____)_____ - _____) (check in person at top of page) if delayed for any reason
- Call and leave message at (_____)_____ - _____) if travel route changes
- Vehicle information: year _____ make _____ model _____ color _____ licence plate # _____
- BC drivers licence # _____

IN THE EVENT OF LATE CHECK IN: _____

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Emergency Response Plan (ERP)

OPERATING LOCATION: _____

Important Contact Information

Name	Main #	Local/Regional #
Emergency* <small>* coverage limited in some areas</small>	911	/
Ambulance		
Emergency Services		
Air Evacuation		
Search and Rescue		
RCMP		
24 Hour Spill Reporting (PEP)	1.800.663.3456	
Ministry of Forest (BC)	1.800.663.7867	
WorkSafeBC	1.877.922.4357	
BC Poison Control	1.800.567.8911	
Canadian Coast Guard	1.800.567.5111	
Initial Fire Reporting	1.800.663.5555	

Fill in the local # for the area you will be working and confirm

Contractor	Contact #

With every new contractor you work for, enter contact info.

ERP equipment required:

- Working radio/cell phone
- Personal first aid kit or level 1 first aid kit
- PPE (Personal Protective Equipment)
- Whistle
- Fire extinguisher and shovel
- Additional emergency supplies (matches, blanket, rations, water)

Working by yourself:

- Someone knows your geographical location and description and work plans, expected time of return, and can initiate a rescue (map of location and ERP procedure) – can use Travel Plan
- Man-check interval time agreed upon time
- Emergency transportation location (helicopter landing, boat access)

Working with others:

- Make sure you get the ERP from your contractor for the worksite
- Confirm who is the prime contractor

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Dispatch information for hospital/air ambulance

You will need to be able to answer the following questions when calling for emergency assistance.

Who is calling?		
Contact phone number		
Contact frequency/name		
Latitude:	Longitude:	
Geographic description and location		
Destination(medical facility/hospital)		
Number of persons injured?		
Age:	Sex:	Approx. weight ____ lbs
Nature of injury:		
Position of patient (lying, sitting, standing)		
Breathing problems?	yes	no
Is the patient unconscious?	yes	no
Is there uncontrolled bleeding?	yes	no
Is stretcher required?	yes	no
Is First Aid Attendant on site?	yes	no