

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 |