

# Emergency Response Plan

<b>Block Number:</b>		<b>Road Name:</b>	
<b>Latitude:</b>		<b>Longitude:</b>	
<b>First Aid Attendant(s):</b>			
<b>Primary Radio Channels and Frequencies:</b>	<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
	<b>Frequency:</b>	<b>Frequency:</b>	<b>Frequency:</b>
<b>Supervisor:</b>		<b>Alternate:</b>	
<b>Cell Service in area:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Satellite Device Onsite:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Contact person, contact information, and instructions for additional assistance if needed</b>			
<b>What to do in the event of an emergency: "Site specific"</b> Include required site-specific communication procedures, channels, and muster location (safe zone)			
<b>What to do in the event of an emergency: "General" "Stay Calm"</b>			
<ul style="list-style-type: none"> <li>• Shut down</li> <li>• Call First Aid and Supervisor and inform them you have an emergency</li> <li>• State your name and exact location</li> <li>• State the number of injured and the nature of the injuries. Do not say the name of the injured person</li> <li>• Ensure the scene is safe and that there is no further danger to you or the injured person</li> <li>• Do not leave the injured worker unattended</li> <li>• Have someone monitor radio for communications</li> <li>• Be prepared to assist when directed by the first aid attendant</li> </ul>			
<b>Primary mode of evacuation:</b> <input type="checkbox"/> Helicopter <input type="checkbox"/> ETV <input type="checkbox"/> Boat <input type="checkbox"/> Plane <input type="checkbox"/> Other:			
<b>Description of plan for method of transportation from work area to medical facility:</b>			
<b>Work area is helicopter evacuation dependent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If helicopter used as primary source of evacuation.</b> <input type="checkbox"/> N/A			
<input type="checkbox"/> Pre-medivac plan has been sent to helicopter company(s) <input type="checkbox"/> Communication is current with helicopter company(s). Communication at the start and end of each workday. <input type="checkbox"/> Plan in place if helicopter medivac is/becomes unavailable. <input type="checkbox"/> Helipads are clearly marked on hillside and locations identified on a map			
<b>Available First Aid gear on-site:</b> <input type="checkbox"/> Level 1 kit <input type="checkbox"/> Level 3 kit <input type="checkbox"/> Oxygen <input type="checkbox"/> Stretcher kit <input type="checkbox"/> ETV <input type="checkbox"/> Helicopter			
<b>First Aid Gear Location</b>		<b>Nearest ETV location:</b>	
<b>Injuries likely to occur:</b> <input type="checkbox"/> Slips <input type="checkbox"/> Trips <input type="checkbox"/> Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Crush <input type="checkbox"/> Cuts <input type="checkbox"/> Other: <b>Comment:</b>			
<b>Barriers that may prevent First Aid being provided:</b> <input type="checkbox"/> Weather <input type="checkbox"/> Isolated block location <input type="checkbox"/> Road conditions <input type="checkbox"/> Emergency event <input type="checkbox"/> Faller locations <input type="checkbox"/> Other: <b>Comment/Controls:</b>			
<b>Number of workers onsite:</b> <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-200			
<b>Minimum OHS First Aid required for this high-risk activity:</b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> Stretcher kit <input type="checkbox"/> ETV <b>Comment:</b>			

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<b>Travel time to nearest medical facility:</b>	
<b>Directions to and from nearest medical facility:</b>	<b>Map Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>To nearest medical facility from worksite:</b>	
<b>To worksite from nearest medical facility:</b>	
<b>HELICOPTER</b>	
<b>Name</b>	<b>Phone Number</b>
<b>PLANE</b>	
<b>Name</b>	<b>Phone Number</b>
<b>BOAT</b>	
<b>Name</b>	<b>Phone Number</b>

EMERGENCY CONTACTS	
<b>Forest Fire Reporting: 1-800-663-5555</b>	<b>WorkSafeBC Emergency Reporting: 1-888-621-7233</b>
<b>BC Ambulance/RCMP:</b>	<b>9-1-1</b>
<b>Nearest Hospital:</b>	
<b>Licensee/Landowner:</b>	
<b>Prime Contractor:</b>	
<b>Falling Supervisor:</b>	
<b>Alternate Supervisor:</b>	
<b>Provincial Emergency Program:</b>	<b>1-800-663-3456</b>
<b>BC Gas/Terasen Gas (<i>Leaks</i>)</b>	<b>1-800-663-9911</b>
<b>BC Hydro (<i>Emergencies</i>)</b>	<b>1-888-769-3766</b> <b>(or *49376 on a cell phone)</b>
<b>Fortis BC (<i>Emergencies</i>)</b>	<b>1-866-436-7847</b>
<b>BC Forest Safety Council</b>	<b>1-877-741-1060</b>