



KRAWFORD CONSTRUCTION (2011) INC EMERGENCY RESPONSE PLAN

JOB NAME: _____ JOB NUMBER: _____

DATE ISSUED: _____ BY: _____

JOBSITE ADDRESS: _____

MUSTER POINT: _____

AMBULANCE: _____

POLICE: _____

FIRE: _____

GAS PROVIDER: _____ PHONE: _____

ELECTRICITY PROVIDER: _____ PHONE: _____

WATER PROVIDER: _____ PHONE: _____

NEAREST HEALTH CARE FACILITY (OIS clinic if available) _____
Transportation of injured worker will be made by superintendent, a co-worker, or ambulance, if necessary. A worker certified in first aid will accompany.

EMERGENCY RESPONSE TEAM

- COORDINATOR: _____
- COMMUNICATION: _____
- GATE: _____
- FIRST AIDERS: _____

GENERAL CONTRACTOR: KRAWFORD CONSTRUCTION (2011) INC.

Project Manager: _____ Office: 780-436-4381 Cell: _____

Superintendent: _____ Cell: _____

2nd _____ Cell: _____

MECHANICAL CONTRACTOR: _____ Phone: _____

Project Manager: _____ Cell: _____

Superintendent: _____ Cell: _____

ELECTRICAL CONTRACTOR: _____ Phone: _____

Project Manager: _____ Cell: _____

Superintendent: _____ Cell: _____