

## KRAWFORD CONSTRUCTION EMERGENCY RESPONSE PLAN TEST

JOB NAME:		J	OB #:	
DATE OF TEST:		TIME:		
NATURE OF EMERGENCY:				
MUSTER POINT:				
EMERGENCY RESPONSE TEAM:				
ASSIGNMENT	ı	NAME	COMPANY	
COORDINATOR				
COMMUNICATIONS				
SCENE SECURITY/RESCUE				
GATE SECURITY				
FIRST AIDER IN CHARGE				
EMERGENCY SERVICES NOTIFIED	: (Check all that apply)			
EMS	P	OWER PROVIDER		
FIRE	G	AS PROVIDER		
POLICE	0	THER		
OH&S				
WORKER(S) INJURED?	YY	1		
TRANSPORTED BY:	EMS KRAWFORD OTHERS			
FIRST AID PROVIDED BY:				
NAME		COMPAN	Y	
NAME		COMPAN	Y	
WAS FIRST AID RESPONSE	AND ACTIONS AD	EQUATE FOR EMERG	ENCY? Y N	_
HEAD COUNT TAKEN BY:			<u></u>	
MATCHES SIGN IN SHEET F	FOR:			
CONTRACTO	RS			
VISITORS				
REASON FOR ANY DISCRE	PANCIES:			



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## **EMERGENCY EVACUATION**

TYPE OF SIGNAL USED:	TIME
EVACUATION COMPLETE AT: (TIME)	
TIME TAKEN TO EVACUATE SITE:	
RECOMMENDATIONS TO IMPROVE EVACUATION	ON TIME:
FICE MANAGEMENT CONTACTED	
WHO?	TIME:
B CONTRACTOR MANAGEMENT CALLED? (IN CASE O	OF INJURY TO SUB CONTRACT EMPLOYEE) Y N
WHO?	TIME:
IERAL COMMENTS: Comment on good and bad. How can	we improve? Further training required?
IERAL COMMENTS: Comment on good and bad. How can	we improve? Further training required?
NERAL COMMENTS: Comment on good and bad. How can	we improve? Further training required?
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