



# KRAWFORD CONSTRUCTION EMERGENCY RESPONSE PLAN TEST

JOB NAME: \_\_\_\_\_ JOB #: \_\_\_\_\_

DATE OF TEST: \_\_\_\_\_ TIME: \_\_\_\_\_

NATURE OF EMERGENCY: \_\_\_\_\_

MUSTER POINT: \_\_\_\_\_

**EMERGENCY RESPONSE TEAM:**

ASSIGNMENT	NAME	COMPANY
COORDINATOR		
COMMUNICATIONS		
SCENE SECURITY/RESCUE		
GATE SECURITY		
FIRST AIDER IN CHARGE		

**EMERGENCY SERVICES NOTIFIED:** (Check all that apply)

EMS \_\_\_\_\_

POWER PROVIDER \_\_\_\_\_

FIRE \_\_\_\_\_

GAS PROVIDER \_\_\_\_\_

POLICE \_\_\_\_\_

OTHER \_\_\_\_\_

OH&S \_\_\_\_\_

**WORKER(S) INJURED?** Y \_\_\_\_\_ N \_\_\_\_\_

TRANSPORTED BY: EMS \_\_\_\_\_  
KRAWFORD \_\_\_\_\_  
OTHERS \_\_\_\_\_

**FIRST AID PROVIDED BY:**

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

WAS FIRST AID RESPONSE AND ACTIONS ADEQUATE FOR EMERGENCY? Y \_\_\_ N \_\_\_

**HEAD COUNT TAKEN BY:** \_\_\_\_\_

**MATCHES SIGN IN SHEET FOR:**

\_\_\_\_\_ CONTRACTORS

\_\_\_\_\_ VISITORS

REASON FOR ANY DISCREPANCIES: \_\_\_\_\_

