Continental

PRINTABLE TEMPLATE

Emergency action plan template

One plan per worksite. Fill in each part, keep the plan where employees can read it, and review it with each employee when first assigned, when their duties change and when the plan changes.

Employer _____ **Worksite address** _____

Plan prepared by _____ **Date of this version** _____

Contacts for questions about the plan (name or job title)

	NAME OR JOB TITLE	ROLE IN THE PLAN	PHONE
☐		Emergency coordinator	
☐		Alternate coordinator	
☐		Building or property manager	
☐			
☐			

1-2. Reporting emergencies and evacuating

- ☐ How employees report: 911 / internal number / pull station / other: _____
- ☐ Internal emergency number: _____
- ☐ Emergency numbers posted near phones? Yes / No
- ☐ Types of evacuation the plan uses: _____
- ☐ Who can order an evacuation: _____
- ☐ Employees designated and trained to help others evacuate: _____
- ☐ Exit route diagrams posted at: _____

Exit routes and assembly points by area

	AREA OR FLOOR	PRIMARY EXIT	SECONDARY EXIT	ASSEMBLY POINT
☐				
☐				
☐				
☐				
☐				

3 and 5. Critical operations, rescue and medical duties

	DUTY	ASSIGNED NAME OR JOB TITLE	NOTES
☐	Shutdown before evacuating		
☐	Shutdown before evacuating		
☐	Rescue duties		
☐	Medical duties		
☐	Outside responders relied on		

4. Accounting for everyone after evacuation

- ☐ Who takes the head count at each assembly point: _____
- ☐ How visitors and contractors are counted (sign-in log or host): _____
- ☐ Who receives names and last known locations of anyone missing: _____
- ☐ Help for people with disabilities or who do not speak English: _____

Alarm system and fire prevention plan

- ☐ Evacuation signal: _____ Shelter-in-place signal: _____
- ☐ System type: supervised / non-supervised
- ☐ Backup when the system is out of service: _____
- ☐ Fire prevention plan required? Yes / No. Major fire hazards: _____
- ☐ How flammable and combustible waste is controlled: _____
- ☐ Who maintains heat-producing equipment: _____

Alarm tests (every two months if non-supervised; at least yearly if supervised)

	DATE	DEVICE USED	TESTED BY	RESULT
☐				
☐				
☐				
☐				

Training and plan review record

	EMPLOYEE	REASON (NEW PLAN, FIRST ASSIGNED, DUTIES CHANGED, PLAN CHANGED)	DATE	REVIEWED BY
☐				
☐				
☐				
☐				
☐				
☐				

Notes