**Emergency Pl****an Template**

| Site Name: |  | |
| --- | --- | --- |
| **Site Location/Address:** | |  |
| Assembly Point: | | |
| (Example Assembly Diagram) | | |

**Emergency Con****tacts**

|  |  |
| --- | --- |
| Ambulance | 123 |
| Fire | 123 |
| Police | 123 |
| Company Office | 0400 000 000 |
| Site | 0400 000 000 |
| Construction Manager | 0400 000 000 |
| Chief Executive | 0400 000 000 |
| Site Emergency Wardens | 0400 000 000 |
| First Aider | 0400 000 000 |
|  | |
| **Other Contacts** | |
| NAME | NUMBER |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Accident/Emergency Proce****dures**

|  |  |
| --- | --- |
| **1. Monitor and Assess the Situation** | |
|  | * What is the nature and severity of the accident/emergency? * Are there potential other hazards resulting from the accident/emergency? * If competent, give first aid where required. |
| **2. Secure the Emergency Site** | |
|  | * Consider your safety, the victim’s safety, and the safety of all others. * Ensure yourself and others stay calm and rationale. * Mark and remove hazards where safe to do so. |
| **3. Seek Help** | |
|  | * Seek help from others on site * Seek help using radio telephone/mobile phone |
| **4. Give Details When Required** | |
|  | * Name and company * Exact location of accident/emergency * Severity and type of injury * Help needed (paramedic, ambulance, helicopter) |



| To Ensure the Safety of Others; |
| --- |
| Turn off all machinery |
| Cordon off the accident/emergency site |
| Remove all hazards resulting from the accident, where safe to do so |
| Conduct a roll call of member on site |
| Identify missing members and organise search procedures |

| To Ensure the Protection of the Environment; |
| --- |
| Keep spill mats readily available |
| Construct temporary bunds to limit severity of spill |
| Keep water and dust carts available |

| To Ensure the Protection of Property; |
| --- |
| Turn off all machinery |
| Control fires |
| Erect barriers |
| Provide weather protection |

| **All Clear Directions** | |
| --- | --- |
| Minor Emergency | Major Emergency |
| The Foreman will give the all clear to begin work when the site is made safe. | The General Manager will give the all clear to resume work after injury has been tended to and the site made safe again. |
|  |  |
| **IMPORTANT CONSIDERATIONS** | |
| 1. **Radio channels and contact signs should be familiar to all** | |
| **2. Areas and access routes should be familiar to all** | |
| **3. Directors should be notified of accident/emergency immediately** | |
| **5. Victim’s family should be notified promptly where appropriate** | |

**Trial Evacuation Checklist**



| **Shift:** | **Time:** | Date: | |
| --- | --- | --- | --- |
| Chief Warden: | | |  |
| Wardens on Duty: | | |  |
| Wardens to ensure that: | | | |
| * **Doors (including smoke and fire) are closed** * **Toilets and public areas have been checked** * **Head warden has been notified when areas are clear** * **Staff has been assembled at correct points** | | | |
| **Evacuation Report** | | |  |
| **Evacuation Time:** | | | |
|  |  | Yes | No |
| Alarms are audible in all areas |  |  |  |
| Alarm has been raised |  |  |  |
| Fire service has been notified |  |  |  |
| Wardens have been identified |  |  |  |
| Evacuation has occurred |  |  |  |
| Assembly has occurred |  |  |  |

**SITE NAME:**

[](http://www.compliancecouncil.com.au/contact)

**Evacuation Report closed by**

**Date:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Evacuation Report reviewed by relevant authority** |  |  |

|  |
| --- |
| **Comments** |
|  |