

**EMERGENCY PLAN**

Site Location:

Date:

Site Supervisor:

Signature:

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 Site Map (may be hand drawn)

(Continue on separate page if necessary)

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Fire extinguishers are available at:	Company contacts are:
First Aid Kit is available at:	The main Contractor contacts are:
Your Assembly Point is:	Personal Protective Equipment required is:
Your Supervisors are:	Personal Protective Equipment is controlled by:
In the event of Fire, Accident, Incident etc.	First Aider(s) are/is:

notify:	
Emergency Numbers:  Fire Police Ambulance The main Contractor	Fire Warden(s) are/is:        <b>Page 1 of 2</b>

## EMERGENCY PLAN (continued)

..... (Insert name above)	is responsible for checking the contents of the first aid box at weekly intervals
..... (Insert name above)	is responsible for the accident book
..... (Insert name above)	is responsible for briefing site details (risks, hazards, access etc.)
..... (Insert name above)	is responsible for issuing or briefing task based risk assessments
..... (Insert name above)	is responsible for briefing on evacuation and assembly details.
<b>Site Plan</b>  Hazards and access/egress and assembly points include route to hospital. (may be hand drawn - continue on separate pages if necessary)	