

11.5 – EMERGENCY RESPONSE TEST PLAN



This Emergency Response Test Plan will be tested on an annual basis to ensure the functionality of the test and to ensure that everyone knows their roles and responsibilities during the test plan. Please fill out the following documentation after a test and forward to the Safety Department for our records.

Date of test:	
Location of test:	
Supervisor:	

What type of scenerio did this test plan cover? Check all that is applicable.

<input type="checkbox"/>	GAS HAZARDS	<input type="checkbox"/>	LANDSLIDE
<input type="checkbox"/>	CHEMICAL HAZARDS	<input type="checkbox"/>	SEVERE WEATHER EVENTS
<input type="checkbox"/>	EARTH QUAKE	<input type="checkbox"/>	UTILITY OUTAGES
<input type="checkbox"/>	EXTREME COLD/HEAT	<input type="checkbox"/>	COMMUNICABLE DISEASE OUTBREAK
<input type="checkbox"/>	FIRE	<input type="checkbox"/>	RADIATION
<input type="checkbox"/>	FLOODING	<input type="checkbox"/>	CRIMINAL (BOMB THREATS, HOSTAGE, SHOOTING, ETC.)
<input type="checkbox"/>	FOREST FIRE	<input type="checkbox"/>	

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1. What type of an alarm system was used to evacuate? (air horn; fire alarm; whistle?)

2. Who was the Emergency Coordinator (EC) the day of test plan?

3. How long did it take everyone to report to the Muster area?

4. Any deficiencies noted during the test plan?

5. Are workers able to identify First aid attendants?

6. Do workers know where the Fire extinguishers are located in the Office/Shop and how to use them?

7. What communication devices are available to call for help?

8. Time to account for all employees?

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TEST PLAN ATTENDEES:

Please print and then sign your name as attending the Emergency Response Test Plan. List what your role was in the test (i.e. Calling in emergency; Fire response: checking offices to ensure they have been cleared; Securing building; EC or employee muster)

NAME:	SIGNATURE:	ROLE IN TEST PLAN