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Comany

Address

Phone: Fax:

Website

**EMERGENCY EVACUATION PLAN**

**Project:**

**Emergency Meeting Location:**

In the case of an emergency, all employees are to meet at the \_\_\_\_\_\_\_\_\_ work truck. The job foreman, or a designated replacement, will account for all employees at this location.

All employees will remain at this meeting location until further instructed by their foreman.

**Medical Emergency:**

In the case of a medical emergency, **call 911** and give the jobsite address listed above. It may be useful to station an employee by the jobsite entrance to direct emergency response personnel to the correct location.

Immediately thereafter, report the emergency to the job supervisor or foremen.

An accident/near miss form will be filled out by supervisor or foreman after the emergency is handled.

**Medical Care – non-emergency:**

If non-emergency medical care is required, report this to the supervisor or foreman and they will make arrangements to have the employee taken to:

**Name:**

**Address:**

**Phone:**

 (Directions are attached)