



Emergency Response Plan Hinds Safety Form

Doc. #:	HS-14-F-022
Issue Date:	05-Mar-2018
Rev. Date:	30-Mar-2019
Rev.#	01

Date completed:		Project:	
ERP coordinator:			
Civic address:	<i>legal land description</i>		
STARS Remote Site Registration#		STARS: 1-888-888-4567	
Potential Emergency (one/combination)	<input type="checkbox"/> Site evacuation	<input type="checkbox"/> Fire	<input type="checkbox"/> Confined space rescue (non-entry)
	<input type="checkbox"/> First aid	<input type="checkbox"/> Medical aid	<input type="checkbox"/> Confined space rescue (entry)
	<input type="checkbox"/> Suspended worker recovery (harness)		<input type="checkbox"/> Gas release
	<input type="checkbox"/> Biological exposure	<input type="checkbox"/> Electrical contact	<input type="checkbox"/> Chemical spill
	<input type="checkbox"/> Other:		
Emergency Communications			
Ambulance / Fire / Police:	9-1-1	On site Radio CH#	
Water:	3-1-1	Electrical:	3-1-1 (403 514-6100) Gas: 403-245-7222
Government Agencies			
Health & Safety:	1-866-415-4284	Environment:	3-1-1
Hinds Safety			
Name	Position	Contact Numbers	
Emergency Responders			
Name	Responder position	Training Received	Expiry date
	Lead Responder <input type="checkbox"/> Co-Lead Responder <input type="checkbox"/>	Emergency <input type="checkbox"/> Standard <input type="checkbox"/> Advanced <input type="checkbox"/> EMR <input type="checkbox"/>	
	Lead Responder <input type="checkbox"/> Co-Lead Responder <input type="checkbox"/>	Emergency <input type="checkbox"/> Standard <input type="checkbox"/> Advanced <input type="checkbox"/> EMR <input type="checkbox"/>	
	Assisting Responder <input type="checkbox"/>	Emergency <input type="checkbox"/> Standard <input type="checkbox"/> No training <input type="checkbox"/>	
Is Form HS-14-F-024 Emergency Phone Numbers & Contacts Attached?		Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, explain why & where to locate:	



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INTENT:	To implement an Emergency Response Plan at the:
GOALS:	<ol style="list-style-type: none"> 1. Ensure all personnel on site are evacuated in a safe and orderly fashion. 2. Ensure all sub-contractors and new hired personnel are made aware of this Emergency Response Plan through the orientation process and tool box meetings/safety meetings. 3. All changes made to this plan will be communicated in tool-box talks, and/or safety meetings. 4. Ensure communication systems for emergencies are available and can reach across the site. 5. Maps to the nearest medical Facility are attached to the response plan and the address is with the Emergency phone numbers and contacts Form 9.10.1.
STRATEGIES:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Remain Calm. <input checked="" type="checkbox"/> Do not attempt to enter any confined space or attempt any rescue. <input checked="" type="checkbox"/> Do not move the injured worker; instruct the injured worker not to move and reassure: if safe to enter the area stabilize the injured worker until help arrives and access a first aider to provide first aid. Remain with the injured worker until help arrives.
INITIATE EVACUATION	<p align="center">1 long continuous blast for a WORKER DOWN</p> <p align="center">3 short blasts for General Evacuation of site due to <i>fire, gas, weather or other</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sound the designated air horn to alert others in the area to Evacuate, evacuate and assemble at the MUSTER POINTS: Primary: _____, Secondary: _____ <input type="checkbox"/> No smoking; await further instructions from Emergency Response Coordinator. <input type="checkbox"/> Evacuation notice may come from the client, in which Hinds Safety would then follow our response plan based on the information provided from the client and any directives will be relayed by Hinds Safety Supervision and Management team to the workforce.
CALL FOR HELP:	<p>From cellular device call: 911 or site emergency at:</p> <p>From a radio use Channel #</p> <ul style="list-style-type: none"> <input type="checkbox"/> Give the attendant all of the information that they require. Hi this is John Doe, we need emergency services to the _____ located at _____, we will have a designated person at the entrance to escort you in. <input type="checkbox"/> If you are the only person with the injured worker, be sure to contact site supervision after contacting the emergency service numbers. Explain to Site supervision the events that occurred.
CLEAR SITE:	<ul style="list-style-type: none"> <input type="checkbox"/> The onsite Client Representative and/or _____ HSE Advisor will conduct a final sweep of all trailers, buildings and work areas – if safe to do so. At this point site supervision will do a headcount of their crews. This headcount will reflect the daily sign in sheet from earlier that day. Any unaccounted persons will require a search by EMS. At which point, 911 will be contacted and notified of the situation. <input type="checkbox"/> The ERP Coordinator will inform crews as to the status of site. <input type="checkbox"/> Personnel are not to return to work until cleared to do so by Emergency Response Coordinator, at which time Supervisors will meet with their crews for a safety toolbox before work resumes

Always know your surroundings. Before commencing work, understand where the emergency assembly areas are, and the emergency contact numbers. Be sure to include this on the daily FLHA cards. If you have any questions, ask your foreman/supervisor.