



# Emergency Plan Form

### Site Location:

Place Name /Job #	
County	
Nearest community	
Nearest highway	
Nearest civic address	
GPS Coordinates	Northing: _____ Easting: _____

### Emergency Response Information:

Meeting Place for EHS	
Supervisor Name and #	
Security Desk(24hrs)	752-8461 ext 222
ABL Timber	Cell 759-7302 Home 755-7355

### Initial Job Site Hazard Assessment – check all that apply

<input type="checkbox"/>	Old Bridge Structures	Verify inspected before crossing
<input type="checkbox"/>	Overhead power lines present	Note on map and ribbon at crossings
<input type="checkbox"/>	Existing Buildings/Structures in work area	Note on map
<input type="checkbox"/>	Underground lines (cables/gas) in area	Note on map and ribbon at crossings
<input type="checkbox"/>	Unmapped watercourses present	Note on map and ribbon at crossings
<input type="checkbox"/>	Private property/lines	Note on map
<input type="checkbox"/>	Signs of regular public access (4x4, etc)	Exercise due diligence when operating
<input type="checkbox"/>	Excessive Slope with ice	Note on map
<input type="checkbox"/>	Others:	
<input type="checkbox"/>		

### Have you – check all that apply

<input type="checkbox"/>	Verified a location for adequate cell phone reception
<input type="checkbox"/>	Parked your vehicle facing out in a spot where you can leave without difficulty
<input type="checkbox"/>	Verified location of first aid kit and fire extinguishers
<input type="checkbox"/>	Reviewed the work order/documentation and associated map for the job

Completed by		
Reviewed by		
Reviewed by		