

**Form 13-a1**

**Emergency Plan Guideline/Checklist**

**A. General Information:**

1. Describe work activity as conducted at this location?  
\_\_\_\_\_
2. What management levels exist at the facility / jobsite and who are the individuals who hold those positions?  
\_\_\_\_\_
3. Which supervisor / employees who are regularly at this site are trained in First Aid / CPR? List names. \_\_\_\_\_  
\_\_\_\_\_
4. Is this geographic area prone to?  
Floods? \_\_\_\_\_ Tornadoes? \_\_\_\_\_  
Hurricanes? \_\_\_\_\_ Earthquakes? \_\_\_\_\_
5. How many levels does the facility/project (all) have or is work performed on? \_\_\_\_\_

**B. Work Environment:**

1. List the heavy labor jobs at this facility/jobsite.  
\_\_\_\_\_
2. Are any hazardous materials used at this facility/jobsite? This includes chemicals, fuels, etc. \_\_\_\_\_  
\_\_\_\_\_
3. Does this site emit any types of gases or exhaust into the air?  
\_\_\_\_\_
4. Does this site store large quantities of flammable materials? If so, what types?  
\_\_\_\_\_
5. What types of emergency incidents have occurred since this facility/jobsite began operations? \_\_\_\_\_

**C. Fire Protection:**

1. What type of fire alarm system does the facility/jobsite have or is available to use? How is it activated? Is the fire department automatically notified? \_\_\_\_\_

2. How are people in the facility/jobsite made aware of a fire or other emergency? \_\_\_\_\_  
\_\_\_\_\_
3. Does the facility have smoke detectors or an automatic sprinkler system? \_\_\_\_\_ Is it operational? \_\_\_\_\_  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
4. What flammable / combustible materials are being stored on the premises and where? \_\_\_\_\_  
\_\_\_\_\_
5. Are an adequate # and type of fire extinguishers available? Are they inspected regularly internally and annually by a vendor? Are extra extinguishers needed to perform welding or other hot work operations?  
\_\_\_\_\_
6. Are there people designated for extinguishing fires?  
\_\_\_\_\_
7. Have these people received the necessary training?  
\_\_\_\_\_
8. Describe the housekeeping and storage arrangements?  
\_\_\_\_\_  
\_\_\_\_\_
9. Are there procedures for evacuating employees/guests?  
\_\_\_\_\_
10. List the possible ignition sources?  
\_\_\_\_\_
11. What phone numbers need to be called in the event of a fire? Are these numbers posted in key areas?  
\_\_\_\_\_

**D. Bomb Threat:**

1. Who is designated to assist police, arson, or bomb squad(s) with a search? \_\_\_\_\_  
\_\_\_\_\_
2. Who will document the caller information? \_\_\_\_\_

**E. Loss of Utilities:**

1. What types of utilities are utilized by this facility/project?  
\_\_\_\_\_
2. Which companies supply these utilities (emergency #'s)?  
\_\_\_\_\_
3. Does a loss of any particular utility pose a hazard to the environment?  
\_\_\_\_\_
4. Are there back-up systems in place for temporary utilities, and if so, how do they work? \_\_\_\_\_

**F. Community Response Services:**

1. What telephone number(s) will be called in the event of a health emergency? \_\_\_\_\_
2. Where are the closest medical facilities? Who will act as our contact with those facilities? \_\_\_\_\_  
\_\_\_\_\_
3. Where is the closest Trauma Center? \_\_\_\_\_
4. What is the telephone number of the local police department?  
\_\_\_\_\_
5. Does the town or city have a HAZMAT team? \_\_\_\_\_
6. Who are the media sources in the area? \_\_\_\_\_
7. Who is designated from the City of Austin to respond to media questions?  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Notes:

---

---

---

---

---

\_\_\_\_\_  
Facility / Project Manager Signature

\_\_\_\_\_  
Date