

EMERGENCY ACTION PLAN

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|---|-----------------------------------|
| Facility/Event: | Address of facility/event: |
| Contact: | Contact phone: |
| Event Date: | Event time: |
| Number of attendees and personnel: | |

Notification Procedures:

In case of an emergency notify 911. Types of emergencies to be reported that can be included but are not limited to:

**Fire
Explosion
Weather
Bomb Threat**

**Chemical Spill / Leak
Medical Emergency
Terrorist Activity
Other acts of violence**

Notification of 911 emergency (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Voice Amplifying Device |
| <input type="checkbox"/> Land Line | <input type="checkbox"/> Public Address System |
| <input type="checkbox"/> Two-Way Radio | <input type="checkbox"/> Text Alert |

Notification to employees/patrons of 911 emergency (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Voice Amplifying Device |
| <input type="checkbox"/> Land Line | <input type="checkbox"/> Public Address System |
| <input type="checkbox"/> Two-Way Radio | <input type="checkbox"/> Text Alert |

Identification of Potential Fire Hazards:

The following are identified as potential fire hazards related to this event (i.e. electrical cords, propane tanks, mechanical equipment, etc.):

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Procedures:

The following are the procedures for relocating or evacuating participants:

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The following are the procedures for accounting for personnel and participants after an evacuation:

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Emergency Contact Information:

The following individuals are responsible for this plan (Name and phone number):

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| Official in charge of emergency preparedness: | |
| Emergency Coordinator: | |
| Area/Floor Assistants (if applicable): | |
| Assistants of physically challenged individuals (if applicable): | |

Fire Protection Systems:

This occupancy has the following fire protection systems:

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|---|---|
| <input type="checkbox"/> Fire alarm | <input type="checkbox"/> Commercial hood system |
| <input type="checkbox"/> Sprinkler system | <input type="checkbox"/> Fire pump |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Occupant-use hose stations |

The fire alarm is activated by the following methods:

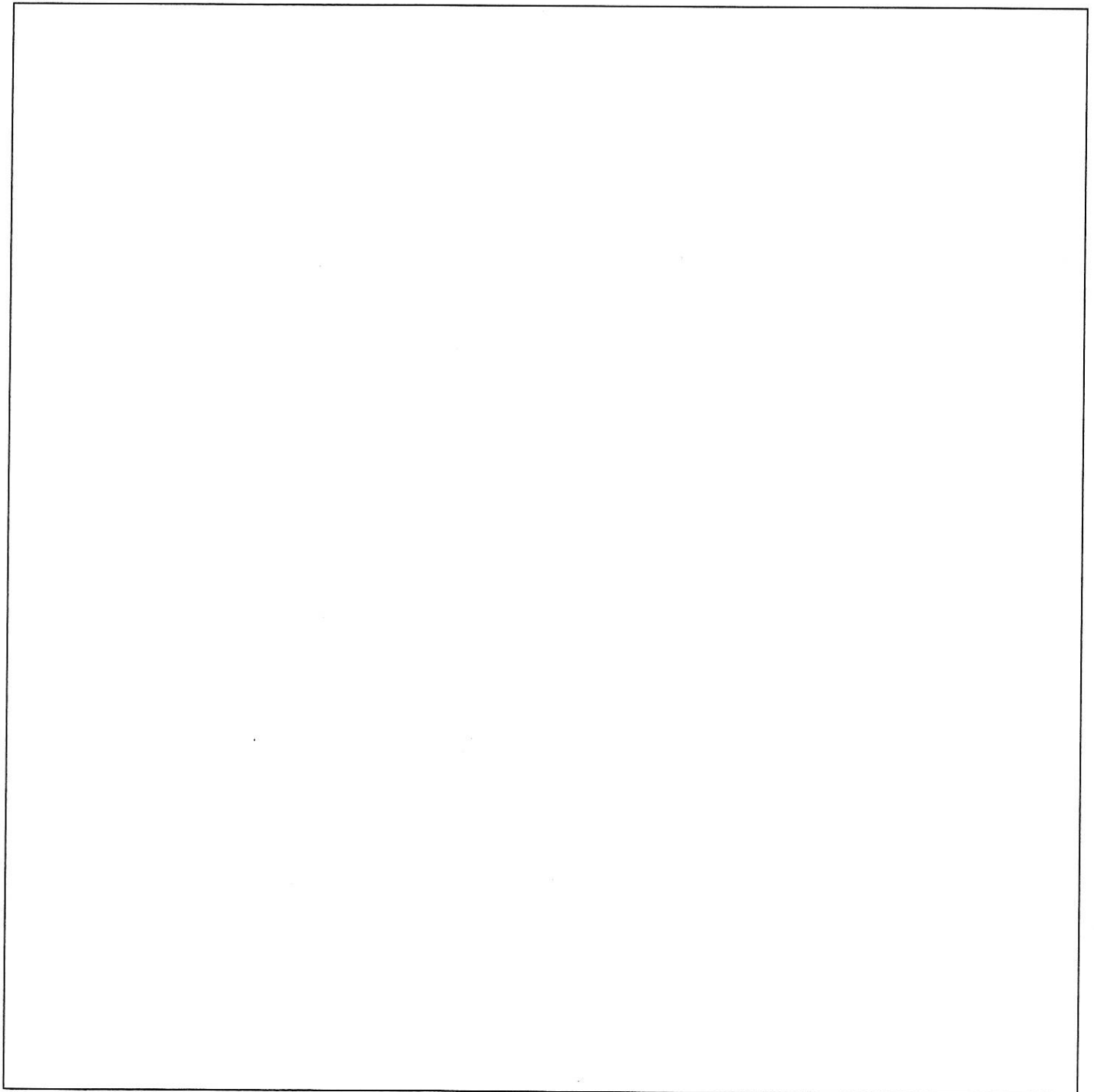
| | |
|--|---|
| <input type="checkbox"/> Pull stations | <input type="checkbox"/> Heat Detectors |
| <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Water flow |

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Site Plan:

Attach a site plan or draw in the space below. The following information shall be included in the site plan:

1. Emergency Exits
2. Primary / Secondary Evacuation Routes
3. Locations of Fire Extinguishers and/or Hydrants
4. Assembly Points
5. Cooking Areas

A large, empty rectangular box with a thin black border, intended for the user to draw or attach a site plan. The box occupies the lower two-thirds of the page.