

Site Specific Emergency Plan

(For this job site: Post on bulletin board and/or on front of Safety Manual)

Worksite Address: _____

Phone Number: _____

Worksite Supervisor: _____ **Phone:** _____

Fire / Emergency Call: _____

Nearest Hospital/ Occupational Medical Clinic:

Name	Address	Phone

First Aid Certified Employees:

Name	Card Expiration Date

First aid kit location(s):

Assembly point after evacuation:

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Other emergency information:

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