



EMERGENCY RESPONSE TEAM

Facility _____	Inspector _____
Location _____	Date _____

THIS FORM IS A GUIDE TO HELP SET UP A "RESPONSE TEAM" TO DEAL WITH ANY EMERGENCY OR CRISIS. PREPARING A COMPLETE FORMALIZED EMERGENCY RESPONSE TEAM IS AN IMPORTANT ELEMENT OF AN OVERALL EFFECTIVE PROPERTY CONSERVATION PROGRAM. BECAUSE EACH FACILITY IS DIFFERENT, IT IS IMPORTANT TO DEVELOP A BASIC PLAN OR STRATEGY TO SHAPE YOUR "RESPONSE TEAM" ACCORDING TO YOUR FACILITIES NEEDS. MEET WITH EMPLOYEES, FIRE AND POLICE DEPARTMENTS, FEDERAL STATE AND LOCAL ENVIRONMENTAL AGENCIES, AND EMERGENCY MEDICAL ORGANIZATIONS TO HELP IDENTIFY THE INTERNAL AND EXTERNAL CAPABILITIES AND THE AMOUNT OF RESPONSE NEEDED. THE FOLLOWING STEPS SHOULD BE FOLLOWED: DEVELOP A WRITTEN PROCEDURE FROM CORPORATE MANAGEMENT, IDENTIFY FACILITY VULNERABILITIES, ANALYZE AND PRIORITIZE HAZARDS, IDENTIFY ACTIONS AND OBTAIN NECESSARY RESOURCES, DEVELOP THE GENERAL PLAN, COMPLETE RESPONSE TEAM FORM BELOW, AND MAINTAIN, TEST AND UPDATE PLAN AS NEEDED.

EMERGENCY NOTIFICATION AND IMPORTANT PHONE NUMBERS:

FIRE DEPARTMENT		WATER COMPANY	
FIRE MARSHAL		PIPE TECHNICIAN	
POLICE STATION		SPRINKLER CONTRACTOR	
FIRE / BURGLAR ALARM CENTRAL STATION		ELECTRICIAN OR ELECTRIC COMPANY	
EMS UNIT (AMBULANCE)		GAS COMPANY	
HOSPITAL		EPA	
INSURANCE AGENT		OSHA	
PIC CLAIMS DEPARTMENT		MANAGEMENT PERSONNEL	

EMERGENCY RESPONSE TEAM POSITIONS:

TEAM POSITION	REGULAR & ALTERNATE	FIRST SHIFT	SECOND SHIFT	THIRD SHIFT
PERSON-IN-CHARGE				
FIRE DEPARTMENT NOTIFIER				
COMMUNICATIONS / PUBLIC RELATIONS MANAGER				
FLOOR WARDENS				
CPR / FIRST-AID CERTIFIED				
FIRE EXTINGUISHER OPERATORS				

SAMPLE ONLY: There are various options management can choose when determining the type and extent of an emergency action plan needed for their facility (see NFPA 600 and OSHA Title 29 cfr 1910.38 & 1910.156 subpart I). The training requirements (if any) for each type of emergency action plan are not covered in this form. This form may be redeveloped to fit your company's specific needs. No one form can specifically be designed to fit all companies needs; therefore, items that do not apply can be omitted. Other items can be included or expanded as desired. It is acceptable to complete the form by designating a "job position" rather than a "name"; however, for companies with frequent employee turnover, this is not recommended.

The information and suggestions presented by National Health Club Association in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.