

## **Hazardous Material Emergency Response Plan – Form 2: Site Work Plan**

Date: \_\_\_\_\_ Site Location: \_\_\_\_\_

### **A. Emergency Numbers**

Fire: \_\_\_\_\_ Ambulance: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Spill Response Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Emergency Action:**

In the event of an emergency involving an employee injury:

- Call for help as soon as possible and give the following information to the first responders:
  - Where the injured person is located
  - What phone number you are calling from and can be called back at
  - What happened and what is the injury
  - How many people need help
  - What aid is currently being given to the injured person(s)
- If the injured person can be moved, accompany them to medical help. If the possible, decontaminate the injured person first. If decontamination is not feasible, take steps necessary to prevent exposure or contamination to medical help.
- Notify the Primary Spill Response Coordinator
- In the event of accidental release of contaminants, the Primary Spill Response Coordinator will contact the EH&S manager to determine if federal, state, or local agencies need to be contacted. Be prepared to describe the materials released, the amount and location of the release, and the environmental damage to the surroundings.

### **B. Site Description**

Location: \_\_\_\_\_

Department(s) affected: \_\_\_\_\_

Equipment or features of note: \_\_\_\_\_

### C. Emergency Response Team

Team Role	Name	Phone	Current training Y/N
Coordinator			
Team Member			
Team Member			
Team Member			
Decontamination (if needed)			

### D. Hazard Review

**Chemical Hazards:** Please indicate the hazards specific to the chemical.

Flammable		Flashpoint	
Toxic		Route of exposure	
Corrosive		Acid or Base, pH or conc.	
Reactive		Conditions to avoid	
Other		List specifics:	

**PPE Requirements:** Please indicate the level of protection required for each type of PPE.

Face/Eye Protection:	
Hand Protection:	
Body Protection:	
Respiratory Protection:	
Foot Protection:	

### E. Task List

Please list all tasks and steps of the clean-up operation.

Task Description	Team members required	PPE required
1:		
2:		
3:		
4:		
5:		
6:		
7:		

### F. Decontamination and PPE Disposal

Describe employee and equipment decontamination and disposal methods.

**Employees:** \_\_\_\_\_  
\_\_\_\_\_

**Equipment:** \_\_\_\_\_  
\_\_\_\_\_

**Disposal Methods:** \_\_\_\_\_  
\_\_\_\_\_

**Clean-up Operations completed:**

Date: \_\_\_\_\_

**Departments notified of completed operations:**

Department	Contact Name	Date and Time
EH&S		
FMS		
Affected Department		
Campus Management		