



SITE SPECIFIC EMERGENCY ACTION PLAN

(Post Copy at Employee Collection Point)

- 1: Project Location:
- 2: Project Manager:
- 3: Alarm Signals for:
 - a. Fire:
 - b. Gas Release:
 - c. Evacuation:
 - d. Weather:
 - e. All Clear:
 - f. Medical Emergency Phone #:
- 4: Identify Employee Rally Point(s):
 - a. (Primary)
 - b. (Alternate)
 - c. (Additional)
- 5: Identify Evacuation Route(s):
 - a. (Primary #1)
 - b. (Primary #2)
 - c. (Alternate #1)
 - d. (Alternate #2)
 - e. (Additional)
- 6: Identify Head Count Method to be Used:
 - a. Force Report
 - b. Time Sheets
 - c. Sign-In Sheets
 - d. Gate Logs
 - e. Other
- 7: Persons Responsible for Head Counts
 - a.
 - b.
- 8: Person Responsible for Notifying Client's Representative:
 - a. (Primary)
 - b. (Secondary)
 - c. (Alternate)



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9: Client's designated representative(s) to receive head count:

- a. (Primary)
- b. (Secondary)
- c. (Alternate)

10: Wind direction determination methods

- a. Windsocks:
- b. Steam Plumes:
- c. Flags: