



# 3.03-A. EMERGENCY MANAGEMENT PLANNING

A SHORT DESCRIPTION OR INSTRUCTION CAN GO HERE



## EMERGENCY TEAM MEMBERS

### TEAM LEADER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### BACK UP TEAM LEADER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### SPOKESPERSON

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### BACKUP SPOKESPERSON

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### VICE PRESIDENT, OPERATIONS

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### SAFETY DIRECTOR

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PUBLIC RELATIONS CONSULTANT

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### LEGAL COUNSEL

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### INSURANCE BROKER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CORPORATE RISK MANAGER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CORPORATE HUMAN RESOURCES DIRECTOR

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### EMERGENCY CONSULTANT

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PUBLIC RELATIONS FIRM

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PHOTOGRAPHER

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

### OWNER REPRESENTATIVE

Name \_\_\_\_\_ Title \_\_\_\_\_  
Day: \_\_\_\_\_ Night: \_\_\_\_\_ Mobile: \_\_\_\_\_

## EMERGENCY PHONE NUMBERS

Post a copy on jobsite bulletin board.

### HOSPITALS

Phone: \_\_\_\_\_

### AMBULANCE

Phone: \_\_\_\_\_

### POLICE

Phone: \_\_\_\_\_

### FIRE DEPARTMENT

Phone: \_\_\_\_\_

### OSHA

Phone: \_\_\_\_\_

### HAZ MAT

Phone: \_\_\_\_\_

### COUNTY HEALTH DEPT.

Phone: \_\_\_\_\_

### UTILITY REPRESENTATIVES

Gas

Phone: \_\_\_\_\_

Water

Phone: \_\_\_\_\_

Electric

Phone: \_\_\_\_\_

Telephone

Phone: \_\_\_\_\_

### MAYOR'S OFFICE

Phone: \_\_\_\_\_

### CHAMBER OF COMMERCE

Phone: \_\_\_\_\_

### LABOR RELATIONS

Phone: \_\_\_\_\_

AGC

### HELICOPTER SERVICE

Phone: \_\_\_\_\_

### POST-TRAUMATIC STRESS SPEC.

Phone: \_\_\_\_\_

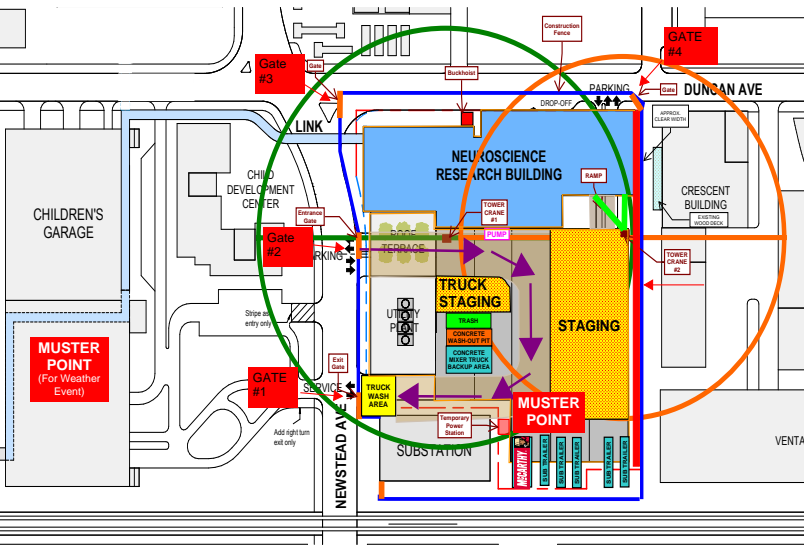
Concern

## 1st # to call:

WASHU Emergency

Phone: 314-362-4357

## WUSM Neuroscience Research Building Site Logistics/Muster Points Map



## ON-SITE EMERGENCY/ACCIDENT ACTION PLAN

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

### A. EMERGENCY/ACCIDENT IDENTIFICATION & RESPONSE

ACTION BY

SECONDARY

1. Accident/airhorn to be sounded (3) times immediately to indicate an apparent emergency situations. \_\_\_\_\_
2. Notify McCarthy base via two-way radio. \_\_\_\_\_
3. Qualified individual to mobilize to scene and assess situation and administer first aid. \_\_\_\_\_
4. Make notifications to emergency services. \_\_\_\_\_
5. Make notifications to McCarthy management. \_\_\_\_\_
6. In non-emergency/non-life threatening situations, in no head, neck, or spinal damage, then transport injured to approved medical facility as needed. \_\_\_\_\_

### B. SITE PREPARATION

1. Notify owners security, if applicable. \_\_\_\_\_
2. Ensure clear access for emergency vehicles into site. \_\_\_\_\_
3. Standby for emergency vehicle arrival and direct to scene. \_\_\_\_\_

Gate 2 - Cruz E.  
Gate 3 - Al Bialczak  
Gate 4 - Chris Fava

### C. POST EMERGENCY/ACCIDENT

1. Photograph scene as required and conduct witness interviews. \_\_\_\_\_
2. Complete McCarthy Supplemental Report of Accident within 24 hours. \_\_\_\_\_
3. Process all required paperwork. \_\_\_\_\_
4. If injury is recordable, Project Manager and Superintendents to call Regional President within 48 hours. \_\_\_\_\_

Note: There are airhorns located at: \_\_\_\_\_