

EMERGENCY ACTION PLAN - SITE SPECIFIC

Company: _____ **Jobsite:** _____
Address: _____
Date: _____ **Prepared By:** _____

EMERGENCY CONTACTS

Service	Number	Contact / Notes
Emergency Services	911	Fire / Medical / Police
OSHA	(800) 321-6742	Serious injury reporting (29 CFR 1904.39)
Poison Control	(800) 222-1222	Chemical exposure / ingestion
811 Utility Locate	811	Before ANY excavation
Nearest Hospital		
Company Emergency	(555) 123-4567	Guy's Construction
Site Superintendent		
Program Administrator		Guy Foreman

REPORTING REQUIREMENTS (Texas)

Report serious injuries, illnesses, or death to OSHA within 8 hours (29 CFR 1904.39). Serious injury: hospitalization >24 hours, amputation, loss of eye, or serious permanent disfigurement.

EMERGENCY PROCEDURES

Medical Emergency

Call 911. Provide first aid if trained. Do not move seriously injured persons unless in immediate danger. Designate someone to meet ambulance and direct to scene.

Fire

Sound alarm. Evacuate all workers. Call 911. Use fire extinguisher ONLY if trained and fire is small. Account for all personnel at assembly point.

Trench Collapse / Cave-In

Call 911 immediately. Do NOT enter collapse zone. Account for all workers. Keep bystanders back. Direct rescue teams to location. Preserve scene for investigation.

Severe Weather

Cease crane operations and work at heights. Seek substantial shelter. Monitor weather alerts. Lightning: 30/30 rule (seek shelter if flash-to-bang < 30 sec, stay 30 min after last strike).

Utility Strike (Gas / Electric / Water)

Evacuate immediately. Call 911. Contact utility company. Do NOT attempt to repair. Eliminate ignition sources for gas strikes. Establish exclusion zone.

Active Threat / Violence

Run if safe to do so. Hide if you cannot run. Fight only as a last resort. Call 911 when safe. Do not return until cleared by law enforcement.

EVACUATION PROCEDURES

- Assembly point established and communicated to all workers during site orientation
- Site supervisor conducts headcount immediately after evacuation
- No one re-enters the site until cleared by emergency services
- Workers with disabilities or limited mobility: pre-assigned buddy for evacuation assistance
- Evacuation routes posted at jobsite trailer and each floor/level

Evacuation Map / Assembly Point

[Attach site evacuation map]

FIRST AID AND EMERGENCY EQUIPMENT

Item	Location	Inspection
First Aid Kit		Weekly
AED (Automated External Defibrillator)		Monthly
Fire Extinguisher(s)		Monthly
Eye Wash Station		Weekly
Emergency Communication (radio/phone)		Daily
Spill Kit		Monthly

PLAN ACKNOWLEDGMENT

All workers on this jobsite have been briefed on this Emergency Action Plan, know the assembly point, and know the location of first aid and emergency equipment.

#	Print Name	Trade	Signature	Date
1				
2				
3				
4				
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10				

REGULATORY CITATIONS

- 29 CFR 1910.38(c), 1926.35 - emergency action plan elements
- 29 CFR 1910.38(a) - employer
- 29 CFR 1910.38(b) - emergency action plan
- 29 CFR 1910.38(c)(1) - emergency action plan
- 29 CFR 1910.38(c)(2) - emergency action plan
- 29 CFR 1910.38(c)(3) - emergency action plan
- 29 CFR 1910.38(c)(4) - emergency action plan
- 29 CFR 1910.38(c)(5) - emergency action plan
- 29 CFR 1910.38(c)(6) - emergency action plan
- 29 CFR 1910.38(d) - employer