# EMERGENCY PLAN

| JSA Number | | Permit Number | |
|---|---|---|---|
| Permit Type | | | |

| Company | |
|---|---|
| Address | |
| Site Access Point | | Meet and greet? | Y / N |

## EMERGENCY EVENT

## RESCUE PLAN
**(List the roles and duties for those persons responsible for implementing the plan)**

| Self-Rescue | |
|---|---|
| **Assisted Rescue** | |
| **Emergency Services** | |

## COMMUNICATION DETAILS
**(List the method of communication to be established as part of the rescue plan)**

## EMERGENCY CONTACT NUMBERS

| | | | |
|---|---|---|---|
| **Hospital** | Name | **Location** | Physical Address |
| **Phone No.** | Landline / Mobile | **Police** | |
| **Site Security** | Landline / Mobile | **Fire** | **111** |
| **St John** | **0800 426 285** | **Ambulance** | |
| **First Aider** | Name | Location | Landline / Mobile |
| **Rescue Team** | Name (if applicable) | Location | Landline / Mobile |

Remember to pass on your name, location, contact number and the nature of the emergency. Also, to check whether or not the phone requires an outside line prefix and that you have mobile phone service coverage before you start work!

## EQUIPMENT

| **(List the equipment required)** | **Location** |
|---|---|
| | |
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