

Sample Emergency Plan

□ Emergency Plan For:

If this location is not accessible, we will operate from location below:

Business Name

Business Name

Address

Address

City, State

City, State

Telephone Number

Telephone Number

The following person is our primary Emergency Coordinator and will serve as the company spokesperson in an emergency:

If the person is unable to manage the emergency, the person below will succeed in management:

Primary Emergency Contact

Secondary Emergency Contact

Telephone Number

Telephone Number

Alternative Number

Alternative Number

E-Mail

E-Mail

Designated Responsible Official
(Highest Ranking Manager at Facility)

Name

Telephone Number

Alternative Number

□ Emergency Contact Information:

Dial 9-1-1 in an Emergency

Date of Plan (Update Plan Annually)

Non-Emergency Police/Fire

By

Insurance Provider

Title

Emergency Planning Team

The following people participate in emergency planning and crisis management.

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Area/Floor Monitors (If applicable)

Area/Floor	Name	Telephone Number
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Area/Floor	Name	Telephone Number
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Area/Floor	Name	Telephone Number
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☐ Assistants to Physically Challenged (If applicable)

_____	_____
Name	Telephone Number
_____	_____
Name	Telephone Number
_____	_____
Name	Telephone Number

☐ Mission Statement

Include the mission statement for this emergency planning effort in the space below.

☐ Work Schedule and Planning Deadlines

Include the schedule for this emergency planning effort in the space below, including the development plan for creating the emergency plan.

Budget

Include the budget for this emergency planning effort in the space below.

Items	Cost
New equipment for handling emergencies	
Printing	
Seminars	
Consulting Services	
Other:	
Other:	
Other:	
Other:	

Capabilities: Internal Plans and Policies

The following plans and policies were reviewed (please check). Note additional plan/policies reviewed in the space provided.

- | | |
|--|---|
| <input type="checkbox"/> Evacuation Plan | <input type="checkbox"/> Hazardous Materials Plan |
| <input type="checkbox"/> Fire Protection Plan | <input type="checkbox"/> Process Safety Assessment |
| <input type="checkbox"/> Safety and Health Program | <input type="checkbox"/> Risk Management Plan |
| <input type="checkbox"/> Environmental Policies | <input type="checkbox"/> Capital Improvement Program (i.e. Does the document address emergency needs/issues in terms of future budget considerations? For example, you may need to buy new alarms, a back-up generator, etc.) |
| <input type="checkbox"/> Security Procedures | <input type="checkbox"/> Mutual Aid Agreements |
| <input type="checkbox"/> Insurance Programs | |
| <input type="checkbox"/> Finance and Purchasing Procedures | |
| <input type="checkbox"/> Plant Closing Policy | |
| <input type="checkbox"/> Employee Manuals | |

Other documents.

Plan/Policy Reviewed

Plan/Policy Reviewed

Plan/Policy Reviewed

Plan/Policy Reviewed

Plan/Policy Reviewed

Plan/Policy Reviewed

The following plans/policies related to this emergency plan are enclosed/attached in this section:

Plan/Policy Included in this Section

Plan/Policy Included in this Section

Plan/Policy Included in this Section

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Plan/Policy Included in this Section

☐ Capabilities: Outside Groups

The following outside groups/sources of information were contacted to determine potential emergencies and about plans/available resources for emergency response (please check). Note additional groups/sources of information and contact information in the space provided.

- | | |
|---|--|
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> National Weather Service |
| <input type="checkbox"/> Health Care/Medical Resources
(ambulatory care, rural health clinic, hospital, long term care, rehabilitative, mental health, physician offices, home care, laboratories) | <input type="checkbox"/> Public Works Department/Utilities |
| <input type="checkbox"/> Community Emergency Management Office | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Local Emergency Planning Committee (LEPC) | <input type="checkbox"/> Telephone Companies |
| <input type="checkbox"/> Mayor or Community Administrator's Office | <input type="checkbox"/> Electric Utilities |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Neighboring Businesses |
| <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Public Health |
| | <input type="checkbox"/> Public Schools, Colleges, and Universities |
| | <input type="checkbox"/> Local or Regional FBI Office |
| | <input type="checkbox"/> Citizen Corps/Medical Reserve Corps |
| | <input type="checkbox"/> Media and Communications (print, radio, TV) |

Other outside groups/sources of information contacted:

_____	_____
Outside Group	Outside Group
_____	_____
Outside Group	Outside Group

Contact information: Note groups/individuals who will also participate on the planning team.

_____	_____
Name	Group/Source of Information

Contact Information (Phone Number, Other)	

_____	_____
Name	Group/Source of Information

Contact Information (Phone Number, Other)	

_____	_____
Name	Group/Source of Information

Contact Information (Phone Number, Other)	

_____	_____
Name	Group/Source of Information

Contact Information (Phone Number, Other)	

▣ Capabilities: Outside Groups (continued)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Name	Group/Source of Information
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Contact Information (Phone Number, Other)

Capabilities: Codes and Regulations

The following Federal, State, and local regulations apply to our emergency planning effort were reviewed (please check).

- | | |
|---|---|
| <input type="checkbox"/> Occupational Safety and Health Regulations (OSHA, other) | <input type="checkbox"/> Seismic Safety Codes |
| <input type="checkbox"/> Environmental Regulations | <input type="checkbox"/> Transportation Regulations |
| <input type="checkbox"/> Fire Codes | <input type="checkbox"/> Zoning Regulations |
| | <input type="checkbox"/> Corporate Policies |

Other codes and regulations:

Code/Regulation

Code/Regulation

Code/Regulation

Code/Regulation

The following plans/policies related to this emergency plan are enclosed/attached in this section:

Plan/Policy Included in this Section

Plan/Policy Included in this Section

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Plan/Policy Included in this Section

Plan/Policy Included in this Section

Capabilities: Critical Products, Services, and Operations

The following critical products, services, and operations must be considered to assess the impact of potential emergencies and determine the need for backup systems (please check).

- Company products and services and the facilities and equipment needed to produce them.

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

Products/services and facilities/equipment

- Products and services provided by suppliers, especially sole source vendors.

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

Products/services by suppliers

- Lifeline services such as electrical power, water, sewer, gas, telecommunications and transportation.

Lifeline services

Lifeline services

Lifeline services

Lifeline services

Lifeline services

Lifeline services

Lifeline services

Lifeline services

Capabilities: Critical Products, Services, and Operations (continued)

- Operations, equipment, and personnel vital to the continued functioning of the facility.

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

Operations, equipment, and personnel

- From where will response operations be managed in the case of an emergency?

Location/Related Information

Information pertaining to the following critical products, services, and operations are enclosed/attached in this section.

Capabilities: Internal Resources and Capabilities

The following internal resources and capabilities may be needed in an emergency (please check).

- Personnel:** Fire brigade, hazardous materials response team, emergency medical services, security, emergency management and/or response team, evacuation team, public information officer
- Equipment:** Fire protection and suppression equipment, first aid supplies, emergency supplies, communications equipment, warning systems, emergency power equipment, decontamination equipment
- Facilities:** Emergency operating center, media briefing area, shelter areas, first-aid stations, sanitation facilities
- Organizational capabilities:** Training, evacuation plan, employee support system, ADA/special needs issues
- Backup systems:** Arrangements with other facilities to provide for:
 - Payroll
 - Shipping and receiving
 - Communications
 - Information systems support
 - Production
 - Emergency power
 - Customer services
 - Recovery support

Other internal resources and capabilities:

Information pertaining to the following internal resources and capabilities are enclosed/attached in this section:

Capabilities: External Resources

The following external resources may be needed in an emergency (please check). Note additional resources and contact information in the space provided.

- | | |
|--|---|
| <input type="checkbox"/> Local Emergency Management Office | <input type="checkbox"/> Local and State Police |
| <input type="checkbox"/> Fire Department | <input type="checkbox"/> Community Service Organizations |
| <input type="checkbox"/> Hazardous Materials Response Organization | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Contractors |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Suppliers of Emergency Equipment |
| | <input type="checkbox"/> Insurance Carriers |

Other external resources contacted:

External Resource	External Resource
External Resource	External Resource

Contact information: Note groups/individuals who will also participate on the planning team.

Name	External Resource
Contact Information (Phone Number, Other)	

Name	External Resource
Contact Information (Phone Number, Other)	

Name	External Resource
Contact Information (Phone Number, Other)	

Name	External Resource
Contact Information (Phone Number, Other)	

Name	External Resource
Contact Information (Phone Number, Other)	

▣ Capabilities: External Resources (continued)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

Name	External Resource
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Contact Information (Phone Number, Other)

□ Capabilities: Insurance Review

Results of the meeting with the insurance carrier are enclosed/attached. An example of an insurance coverage discussion form is provided below.

Open for Business Worksheet **Insurance Coverage Discussion Form**

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a catastrophe.

Insurance Agent: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

INSURANCE POLICY INFORMATION

Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do you need Flood Insurance? Yes ___ No ___

Do you need Earthquake Insurance? Yes ___ No ___

Do you need Business Income and Extra Expense Insurance? Yes ___ No ___

Other disaster-related insurance questions:

□ **Types of Emergencies/Vulnerability Analysis**

Attach/enclose the results of the vulnerability analysis in this section. Include emergencies that may impact your business and an assessment of the vulnerability of your facility – the probability and potential impact of each emergency.

□ Emergency Management Group (EMG)

The following employees are members of the EMG.

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

□ Incident Command System (ICS)

The following employees are members of the ICS. Coordination of security and outside response is noted, as appropriate.

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

Name	Function
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Contact Information (Phone Number, Other)

□ **Emergency Operations Center (EOC)**

The following location serves as a centralized management center for emergency operations.

Location/Related Information

Communications

Information pertaining to the following communications is enclosed/attached in this section.

- Contingency planning
- Emergency communications
- Family communications
- Notification
- Warning

Life Safety

Information pertaining to the following life safety issues is enclosed/attached in this section.

- Evacuation planning
- Evacuation routes and exits
- Assembly areas and accountability
- Shelter
- Training and information
- Family preparedness

❑ **Property Protection**

Information pertaining to the following property protection issues is enclosed/attached in this section.

- ❑ Procedures for:
 - Fighting fires
 - Containing material spills
 - Closing or barricading doors and windows
 - Shutting down equipment
 - Covering or securing equipment
 - Moving equipment to a safe location
- ❑ Protection systems
 - Fire protection systems
 - Lightning protection systems
 - Water-level monitoring systems
 - Overflow detection devices
 - Automatic shutoffs
 - Emergency power generation system
- ❑ Mitigation
- ❑ Facility shut down
- ❑ Records preservation

Community Outreach

Information pertaining to the following community outreach issues is enclosed/attached in this section.

- Involving the community
- Mutual aid agreements
- Community service
- Public information
- Media relations

❑ Recovery and Restoration

Information pertaining to the following recovery and restoration issues is enclosed/attached in this section.

- ❑ Planning for bringing systems back on-line:
 - Repairing or replacing equipment.
 - Relocating operations to an alternate location.
 - Contracting operations on a temporary basis.
- ❑ Continuity of management procedures for:
 - Assuring the chain of command.
 - Maintaining lines of succession for key personnel.
 - Moving to alternate headquarters.
- ❑ Insurance
- ❑ Employee support
- ❑ Resuming operations

Administration and Logistics

Information pertaining to the following administration and logistics issues is enclosed/attached in this section.

- Administrative actions
- Logistics

❑ **Emergency Response Procedures**

Procedures are needed to respond to specific emergencies such as bomb threats or tornadoes. Enclose/attach information pertaining to specific emergencies in this section.

❑ Support Documents

The following documents could be needed in an emergency. Enclose/attach documents pertaining to emergencies in this section.

- ❑ Emergency call lists – lists (wallet size if possible) of all persons on and off site who would be involved in responding to an emergency, their responsibilities, and their 24-hour telephone numbers
- ❑ Building and site maps that indicate:
 - Utility shutoffs
 - Water hydrants
 - Water main valves
 - Water lines
 - Gas main valves
 - Gas lines
 - Electrical cutoffs
 - Electrical substations
 - Storm drains
 - Sewer lines
 - Location of each building (include name of building, street name and number)
 - Floor plans
 - Alarm and enunciators
 - Fire extinguishers
 - Fire suppression systems
 - Exits
 - Stairways
 - Designated escape routes
 - Restricted areas
 - Hazardous materials (including cleaning supplies and chemicals)
 - High-value items
- ❑ Resource lists – lists of major resources (equipment, supplies, services) that could be needed in an emergency; mutual aid agreements with other companies, and government agencies.

❑ The Development Process

Procedures are needed to respond to specific emergencies such as bomb threats or tornadoes. Enclose/attach information pertaining to specific emergencies in this section.

❑ Work Schedule and Planning Deadlines (Identify Challenges and Prioritize Activities)

Update the schedule for this emergency planning effort, including addressing problem areas identified in the vulnerability analysis and timelines for developing the emergency plan. Make writing assignments.

❑ Training Schedule

Enclose/attach the training schedule for the business in this section.

❑ Coordination/Protocols with Outside Organizations

Enclose/attach protocols agreed upon with outside organizations in this section.

❑ Contact with Other Corporate Offices

Enclose/attach information and procedures pertaining to internal coordination in this section.

❑ Final Approval/Sign-Off

Obtain written approval from the Chief Executive Office and/or senior management.

Name

Signature

Title

Contact Information (Phone Number, Other)