Emergency Response Form
Type "C" Emergency – Catastrophic

Date:_____ **Time:**_____

Name of Person Initially Calling/Reporting:_____

Type of Disaster:_____

Headcount Conducted? Yes / No (Circle one) **Results:**_____
Note: The site must perform a physical head-count and be accountable for all employees. Jobsite office should maintain a crew roster and sub-contractor list for emergency accountability.

Shut off Gas/Water/Electric? Yes / No / n/a (Circle one) **Time Shut off:**_____

Are there any injuries? Yes / No (Circle one). **If yes, give a brief description:**_____

_____

Are Paramedics Needed? If yes, call '911' or request the BP ROC to place call.

Time of Call:_____ **Call Made To: 911 or ROC** (Circle one)

Are Fire/Rescue Needed? If yes, call '911' or request the BP Roc to call.

Time of Call:_____ **Call Made To: 911 or ROC** (Circle one)

Is a Spill Response Team Needed? Yes / No (Circle one) **If yes, call number below:**

Spill Response – TBD

'May-Day' Called on Radio? Yes / No (Circle one) **Time:**_____

BPWE HSSE Advisor Dispatched? Yes / No (Circle one) **Time:**_____

Site Manager Dispatched? Yes / No (Circle one) **Time:**_____

Name and Time BPWE ROC Contacted:_____

Name of Person That Accompanied Injured to Hospital:_____

Authorization and Request for Drug Screen? Yes / No (Circle one)

End of Response Time:_____

DO NOT DISCARD
THIS FORM IS A LEGAL DOCUMENT AND MUST BE RETAINED FOR A MINIMUM OF 36 MONTHS