

WORK SHEET

EMERGENCY NOTIFICATION

NOTE: This is a worksheet provided for use in recording pertinent information and as a record of notification of local authorities.

Local Response Agency Phone: _____
Experiment Station Office Phone: _____
Superintendent's Home: Phone: _____
Assistant Superintendent's Home Phone: _____
Site Emergency Coordinator's Home Phone: _____
Other: _____ Phone: _____

EMERGENCY INFORMATION

Start report with the following preface:

"This is the _____ (building, Experience Station, etc.) located at _____ . We have an emergency and request emergency response from the (fire department, ambulance, police). The following information is available: (Read numbers 1 through 10 below.)"

1. Type of Emergency
Fire
Explosion
Machinery/motor Vehicle Accident
Personal Injury
Suspected Heart Attack/stroke
Other _____
2. Type of Structure/Vehicle Involved: _____
3. Exact Location of Emergency: _____

4. Number of Victims: _____
5. Known Medical Conditions Which Might Influence Treatment of Victim(s): _____

6. Hazardous Materials Involved in Incident: _____

7. Conditions Which Might Hamper Responders Efforts to Reach Scene or Rescue

Victim(s):

Muddy Roads or Fields

Distance to Nearest Road

Entangled in Machinery

Other: _____

8. Actions Already Taken/underway to Control the Situation:

9. Machinery Dealer for Machinery Involved:

_____ Phone: _____

10. Name and Phone Number of Person to Contact for Further Information:

_____ Phone: _____

Person Making Notification: _____

Date and Time of Calls for Assistance:

Local Response Agency: Date _____ Time _____

Experiment Station Office: Date _____ Time _____

Superintendent's Home: Date _____ Time _____

Site Emergency Coordinator's Home: Date _____ Time _____

Other: _____ Date _____ Time _____

Note: If Decision Was Made Not to Notify Local Authorities, Record Reason: _____
