

Logo	Emergency Situation & Disaster Plan Checklist	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 2
	QHSE Forms	
	Organization Name	

Emergency Situation			
Date & Time		Prepared By	
Project Name		Location	
Incident Description			

Tick (✓) the actions that have been taken.

S/#	Action	Responsible Person	Status
1	Evacuation of the area and help to special people.	Emer. Response Team	
2	Firefighting on early stage with onsite available firefighting equipment.	Firefighting Team	
3	Inform the security about the incident.	Emer. Response Team	
4	Inform the emergency services about the incident and request for help.	Emer. Response Team	
5	Lockdown the building in case of violation on worksite.	Emer. Response Team	
6	Inform the police and law enforcement agencies about incident	Emer. Response Team	
7	Transportation arrangements for injured people.	Ops. Manager/ Site Manager	
8	Ensure emergency situation has been countered, alert others.	Site Manager/ Ops. Manager/ HSE Manager	
9	To prevent reoccurrence, take corrective actions on preventive basis.	HSE Manager	
10	others		

Resources Required	1. Communication 2. Firefighting equipment 3. First aid & Stretcher 4. Eyewash & Emergency shower 5. Transportation
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Reviewed & Approved By	
Name	
Designation	
Date:	