**EMERGENCY PREPAREDNESS CHECKLIST**

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| **DETAILS** |
| **Sector:** |       | **Assessment Date:** |       |
| **Site Name:** |       |
| **Assessed By:** |       |
| **CHECKLIST** |
| **ASSESSMENT**  | **Yes** | **No** | **N/A** | **ACTIONS REQUIRED** |
| **EMERGENCY ITEM** |
| **1. Warning Signals** |  |  |  |  |
| Is there a mechanism such as visual/audible alarms for alerting everyone in the workplace of an emergency? | [ ]  | [ ]  | [ ]  |       |
| Are visual/audible alarms operational? | [ ]  | [ ]  | [ ]  |       |
| Area visual/audible alarms activated automatically? | [ ]  | [ ]  | [ ]  |       |
| Are smoke/heat detection systems present? | [ ]  | [ ]  | [ ]  |       |
| Is there a regular maintenance schedule for alarms & detectors? | [ ]  | [ ]  | [ ]  |       |
| Does the fire alarm automatically notify the Fire Department? | [ ]  | [ ]  | [ ]  |       |
| Is the alarm control panel accessible when the building is occupied? | [ ]  | [ ]  | [ ]  |       |
| Has the impact of neighbouring buildings, business or environment been considered? | [ ]  | [ ]  | [ ]  |       |
| **2. Communications** |  |  |  |  |
| Is there a phone accessible in every area/floor? | [ ]  | [ ]  | [ ]  |       |
| Are emergency numbers attached to or posted near the phones? | [ ]  | [ ]  | [ ]  |       |
| Is there a process / procedure for the receptionist / switch board operator? | [ ]  | [ ]  | [ ]  |       |
| Is there an alternate means of communication in the event of a power outage? | [ ]  | [ ]  | [ ]  |       |
| Is there a process for advising neighbouring businesses about an emergency situation should one arise? | [ ]  | [ ]  | [ ]  |       |
| Is there a process for communicating with the press and next of kin of injured persons? | [ ]  | [ ]  | [ ]  |       |
| **3. Evacuation** |  |  |  |  |
| Are evacuation routes posted? | [ ]  | [ ]  | [ ]  |       |
| Are secondary routes of exit identified? | [ ]  | [ ]  | [ ]  |       |
| Are exits marked with an exit sign? | [ ]  | [ ]  | [ ]  |       |
| Are exit signs illuminated? | [ ]  | [ ]  | [ ]  |       |
| Are emergency lights present and working properly? | [ ]  | [ ]  | [ ]  |       |
| Do exits empty out into vehicular traffic? | [ ]  | [ ]  | [ ]  |       |
| Are exits supported with emergency lighting? | [ ]  | [ ]  | [ ]  |       |
| Is there an emergency light in each access way? | [ ]  | [ ]  | [ ]  |       |
| Are exit routes unobstructed? | [ ]  | [ ]  | [ ]  |       |
| Are there at least 2 exits in all critical areas? | [ ]  | [ ]  | [ ]  |       |
| Are procedures in place for assisting people with physical disabilities, deafness or hearing impairments or blind and visual impairments? | [ ]  | [ ]  | [ ]  |       |
| Are there sufficient exits to permit prompt escape in the event of an emergency? | [ ]  | [ ]  | [ ]  |       |
| Are exit doors easily opened (without a key) from the direction of exit travelled? | [ ]  | [ ]  | [ ]  |       |
| Are there procedures for lifts / escalators? | [ ]  | [ ]  | [ ]  |       |
| Is there a traffic management process to address vehicle movements? | [ ]  | [ ]  | [ ]  |       |
| Are building access roads for emergency vehicles kept free of obstructions? | [ ]  | [ ]  | [ ]  |       |
| Do self-closing fire doors work properly? | [ ]  | [ ]  | [ ]  |       |
| Are access walkways to the building for emergency personnel kept free of obstructions? | [ ]  | [ ]  | [ ]  |       |
| Is there a designated assembly point? | [ ]  | [ ]  | [ ]  |       |
| Is there a process for accounting for people? | [ ]  | [ ]  | [ ]  |       |
| Are emergency drills conducted at least annually? | [ ]  | [ ]  | [ ]  |       |
| **4. Utilities / Electrical Control** |  |  |  |  |
| Is the building equipped with gas shut-off valves? | [ ]  | [ ]  | [ ]  |       |
| Are the gas valves marked and accessible? | [ ]  | [ ]  | [ ]  |       |
| Is the building equipped with RCD Safety switches for electricity? | [ ]  | [ ]  | [ ]  |       |
| Are the electrical outlets and switches marked to identify the distribution board, and accessible? | [ ]  | [ ]  | [ ]  |       |
| Are electrical cords in good condition? | [ ]  | [ ]  | [ ]  |       |
| Do extension cords present a tripping hazard? | [ ]  | [ ]  | [ ]  |       |
| Is storage around electrical equipment safely arranged? | [ ]  | [ ]  | [ ]  |       |
| Is any defective equipment properly marked and taken out of service? | [ ]  | [ ]  | [ ]  |       |
| Are electrical outlets overloaded? | [ ]  | [ ]  | [ ]  |       |
| Does the building have a back-up energy source? | [ ]  | [ ]  | [ ]  |       |
| **5. Fire Suppression / Emergency Response Equipment** |  |  |  |  |
| Appropriate types of fire extinguishers available for the risks at the workplace (e.g. foam or dry powder type extinguishers for fires involving flammable liquids) and in sufficient number? | [ ]  | [ ]  | [ ]  |       |
| Are fire extinguishers/fire hoses located in the appropriate places? | [ ]  | [ ]  | [ ]  |       |
| Are fire extinguishers/fire hoses inspected according to local requirements? | [ ]  | [ ]  | [ ]  |       |
| Are fire extinguishers/fire hoses visible, accessible and free of obstructions? | [ ]  | [ ]  | [ ]  |       |
| Are sprinkler heads free of obstructions? | [ ]  | [ ]  | [ ]  |       |
| Is there a fire hydrant located in the vicinity of the building? | [ ]  | [ ]  | [ ]  |       |
| Is any other emergency response equipment needed e.g. stretchers? | [ ]  | [ ]  | [ ]  |       |
| Have first aid requirements been addressed (e.g. emergency equipment, facilities) to deal with the type of emergencies that may arise? | [ ]  | [ ]  | [ ]  |       |
| Has a First Aid Risk Assessment for the site been completed? | [ ]  | [ ]  | [ ]  |       |
| Are workers trained to use emergency equipment (e.g. fire extinguishers, chemical spill kits, breathing apparatus, lifelines)? | [ ]  | [ ]  | [ ]  |       |
| Is equipment easily accessible in an emergency? | [ ]  | [ ]  | [ ]  |       |
| **6. Housekeeping** |  |  |  |  |
| Are floors in good state of repair? | [ ]  | [ ]  | [ ]  |       |
| Is the building interior clean and orderly? | [ ]  | [ ]  | [ ]  |       |
| Are storage areas clean and orderly? | [ ]  | [ ]  | [ ]  |       |
| Is equipment properly stored? | [ ]  | [ ]  | [ ]  |       |
| Is there anything restricting egress from the building? | [ ]  | [ ]  | [ ]  |       |
| Is the outside of the building clearly marked with a name or number? | [ ]  | [ ]  | [ ]  |       |
| Are elevated surfaces more than 30 inches above the floor or ground provided with a standard rail? | [ ]  | [ ]  | [ ]  |       |
| Are stairways kept clear? | [ ]  | [ ]  | [ ]  |       |
| Are flammable liquids properly stored? | [ ]  | [ ]  | [ ]  |       |
| Is the area free of an accumulation of combustible materials? | [ ]  | [ ]  | [ ]  |       |
| **7. Immediate Response Action** |  |  |  |  |
| Are immediate emergency response action plans for various scenarios in place? | [ ]  | [ ]  | [ ]  |       |
| Are there trained emergency response personnel e.g. Chief Warden, Area/Floor Wardens, Traffic Controller, First Aiders? | [ ]  | [ ]  | [ ]  |       |
| Are First Aider and Warden training records available? | [ ]  | [ ]  | [ ]  |       |
| Are workers trained in the established response action? | [ ]  | [ ]  | [ ]  |       |
| Are there records of evacuation drills and how often have these occurred? | [ ]  | [ ]  | [ ]  |       |
| Are workers provided with information regarding site emergency procedures during induction? | [ ]  | [ ]  | [ ]  |       |
| **8. Security** |  |  |  |  |
| Are visitor / contractor sign ins available? | [ ]  | [ ]  | [ ]  |       |
| **9. Documentation** |  |  |  |  |
| Is there a written Emergency Management Plan covering relevant emergency situations with clear emergency procedures? | [ ]  | [ ]  | [ ]  |       |
| Is the plan accessible to all workers? | [ ]  | [ ]  | [ ]  |       |
| Is someone responsible for reviewing the Emergency Management Plan and informing staff of any revisions? | [ ]  | [ ]  | [ ]  |       |
| Has it been reviewed annually? | [ ]  | [ ]  | [ ]  |       |
| Has it been reviewed following an emergency exercise or when changes at the workplace may affect the emergency conditions? | [ ]  | [ ]  | [ ]  |       |
| Is an Evacuation Report completed after every emergency drill / incident? | [ ]  | [ ]  | [ ]  |       |
| Are contact details for emergency personnel and emergency services available / regularly reviewed? | [ ]  | [ ]  | [ ]  |       |
| Is there a current site plan (Evacuation Diagram) and is it displayed in key locations throughout the workplace? | [ ]  | [ ]  | [ ]  |       |
| Does the site plan (Evacuation Diagram) illustrate the location of fire protection equipment, emergency exits and assembly points? | [ ]  | [ ]  | [ ]  |       |
| **10. Inspection and Testing** |  |  |  |  |
| Is there an inspection and testing program for all emergency equipment? | [ ]  | [ ]  | [ ]  |       |
| Does the testing frequency of emergency equipment occur at least 6 monthly? | [ ]  | [ ]  | [ ]  |       |
| Is emergency equipment, first aid equipment / rooms, and evacuation drills listed? | [ ]  | [ ]  | [ ]  |       |
| **CORRECTIVE ACTIONS** |
| **Complete action plan below if there are known controls for the hazards identified above.** **If there are no known controls complete Risk Assessment (004F)** |
| **List the corrective actions** | **Priority****(H, M, L)** | **By Whom** | **By When** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| **Transfer HIGH Risk Corrective Actions (as a minimum) into Corrective Action Register** |
| **Sign Off** |
| **Assessment Team** | **Name** | **Job Title** | **Signature** | **Date** |
| **Team Leader** |       |       |       |       |
| **Team Member** |       |       |       |       |
| **Team Member** |       |       |       |       |
| **Team Member** |       |       |       |       |
| **I take responsibility for ensuring all corrective actions are completed and followed up to review effectiveness.** |
| **Manager:***name, position and signature* | **Date:** |
| **Team Leaders Comments** |
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