

Emergency Action Plan

Date: [Insert Date]

To: [Insert Contractor's Name]

From: [Your Company Name]

Subject: Contractor Emergency Action Plan

Purpose

This Emergency Action Plan outlines the procedures to follow in the event of an emergency while working on site.

Emergency Contacts

- Site Manager: [Name, Phone Number]
- Emergency Services: 911
- Local Hospital: [Hospital Name, Phone Number]

Emergency Procedures

In case of an emergency:

1. Assess the situation and ensure personal safety.
2. Notify the Site Manager immediately.
3. Follow evacuation routes posted on site.
4. Do not re-enter the area until cleared by emergency personnel.

Training Requirements

All personnel must complete emergency response training before commencing work on site.

Review and Updates

This plan will be reviewed annually or following an incident.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]