# Emergency Action Plan

**Employing Office:** 

		_
	Location:	
	City, State, Zip:	-
		-
This plan was prepared by:		
Name:	Title:	
City, State, Zip:		
Signature:	<del></del>	D ate:

#### **Purpose**

This plan is for the safety and well being of the employees of \_\_\_\_\_\_.

It identifies necessary management and employee actions during fires and other emergencies. Education and training must be provided so that all employees know and understand the contents of the Emergency Action Plan.

#### **Location of Plan**

Each employee of this office has been provided a copy of this plan. A copy will also be
maintained at
Any questions concerning this plan should be directed to plan preparer,
<del></del>

#### **Emergency Policy**

It is the policy of this office that all employees should evacuate the premises in case of fire or other emergency.

## Alarm Systems and Notification of Emergencies

In an emergency, employee	s will be notified by the following means of notification:
	This system should provide warning for necessary
emergency action and suffic	ient time for safe escape of employees from the workplace.

### **Escape Procedures and Exit Routes**

All exits will remain unlocked and unobstructed during working hours. All employees must exit the facility in a quite and orderly manner.

The following employees must leave through	, EXIT 1:
	<del> </del>
<del></del>	
The following employees must leave through	, EXIT 2:
<del></del>	<del></del>
The following employees must leave through	, EXIT 3:
<del></del>	<del></del>
· <del></del> · <del></del> ·	· · · · · · · · · · · · · · · · · · ·
	<del></del>

Diagrams of the various exit routes will be posted prominently in the work areas and are attached to this plan.

## **Reporting Emergencies**

An employee, upon discovering an emergency situation, shall immediately notify other employees in the area of the situation and sound an appropriate alarm. As soon as safely possible, the situation shall be reported to the appropriate outside emergency personnel:

Type of Emergency	Contact	Phone Number
Fire		
Bomb Threat	<del></del>	
Medical Emergency	<del></del>	
Bectrical Hazard	<del></del>	
Other Safety or Health Hazards	<del></del>	
These Emergency Numbers	Shall Be Prominently Poste	d Near Each Telephone
Within this office, the following personnel have been contacted. The emergency personnel on the scene These personnel are listed in description.	hey are also responsible for e e and providing directions to	coordinating with outside
1 Name	Phone	
	Priorie	
2 Name	Phone	
3 Name	Phone	
4 Name	Phone	

# **Accounting for Employees**

After exiting the building, all employees are to assemble for roll call at the following location:		
requirement, conducting the roll of	onsible for ensuring that employees comply with this call and reporting to outside emergency personnel the last apployees. Those responsible for reporting are listed in	
1 Name		
2 Name		
3 Name		
4 Name		
Rescue	and Medical Duties	
The following personnel are trained	and Medical Duties  ed and certified in both CPR and general first aid. In case vailable to assist until the outside emergency personnel	
The following personnel are traine of medical emergency, they are a	ed and certified in both CPR and general first aid. In case	
The following personnel are trained of medical emergency, they are averaged the scene.	ed and certified in both CPR and general first aid. In case vailable to assist until the outside emergency personnel	
The following personnel are trained of medical emergency, they are arreach the scene.  1Name 2	ed and certified in both CPR and general first aid. In case vailable to assist until the outside emergency personnel  Phone	

In order to minimize the damage or danger from a fire or other emergency, this office has determined that certain critical operations should be shut down immediately. The following personnel are responsible for shutting down the listed critical operations:

Name of Personnel	Critical Operation(s)	
	<del> </del>	

#### **Further Information**

Any suggestions, comments, or questions for improvement of this plan should be directed to the following individuals:

1	
Name	Phone
2.	
Name	Phone
2	
3	Phone
4.	<del></del>
Name	Phone

This template was prepared by the Office of Compliance. Please contact the Office of Compliance at 202-724-9250 if you have questions about preparing an emergency action plan.



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