

EMERGENCY MEDICAL SERVICES PLAN

Each jobsite will need to complete this form in order to establish a site specific Emergency Medical Services Plan.

Jobsite Number & Name: _____

Foreman: _____ Date: _____

- 1. Emergency phone numbers will be prominently displayed.
- 2. Serious injuries/illnesses/accidents shall be reported immediately.
- 3. For this jobsite, the closest medical facility is:

- 4. The ill/injured employee should not be moved unless absolutely necessary.
- 5. The Toro individuals trained in CPR/First Aid on this jobsite:

6. The scene of the accident/incident shall not be disturbed or the operation resumed until authorized by the foreman/superintendent.

7. Notification to the following personnel should be made as necessary:

- i. Main Office:
- ii. Other:

8. Non-serious accidents/incidents shall be reported to the foreman as soon as possible and no later than the end of the workday. If medical assistance is needed, it must be reported immediately.

9. All injuries and illnesses will be investigated as promptly as possible.