This form is to be completed after each implementation of the Emergency Response Plan or drill and submitted to the PSM Coordinator within 10 days.

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| --- | --- | --- |
| Date Emergency Response Action Plan was Implemented: | |  |
| Time Emergency Action Plan was Implemented: | |  |
| Acting ERC (Emergency Response Coordinator |  | |
| Acting EAP Reporter: |  | |
| Acting EAP Security Officer: |  | |
| Acting EAP Operations Officer: |  | |
| Acting EAP Safety Officer: |  | |

Acting Emergency Responders: (Include any 3rd Party Responders make note of the Organization and person’s name)

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Acting Decontamination Personnel (Include any 3rd Party Responders make note of the Organization and person’s name):

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Plan was implemented for a *(please circle one)*:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ☐ | Drill | ☐ | Fire | ☐ | Chemical Spill | ☐ | Tornado | ☐ | Other: |  |

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| Were there any problems in implementing the plan? | ☐ | Yes | ☐ | No |

Comments:

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| Was the performance of the site personnel satisfactory? | ☐ | Yes | ☐ | No |

Comments:

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| Was the performance of the personnel in the action satisfactory? | ☐ | Yes | ☐ | No |

Comments:

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| Was the treatment of exposed personnel on-site adequate? | ☐ | Yes | ☐ | No |

Comments:

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| Was the on-site communications systems adequate? | ☐ | Yes | ☐ | No |

Comments:

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| Was the off-site communications systems adequate? | ☐ | Yes | ☐ | No |

Comments:

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| Recommendations for changes in equipment, procedures, additional comments, etc.: |

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| (Signature of Emergency response Coordinator or designee) |  |
| Date: |  |

**CHANGE CONTROL:**

All management system changes are reviewed, approved or disapproved by the Safety Committee.

This program was initially developed on March 7, 2005, replacing the former Emergency Action Plan entirely.

**PERSONNEL:**

The Owners of Wagner-Meinert have the ultimate responsibility for the Emergency Action Program. They have designated the Safety Director to manage the Emergency Action Plan.

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 3/7/2005 | Safety Director | Updated format and annual review |
| 1 | 1/3/2006 | Safety Director | Updated format and annual review |
| 1 | 6/26/2006 | Safety Director | Updated format and annual review |
| 1 | 9/6/2007 | Safety Director | Updated format and annual review |
| 1 | 4/21/2010 | Safety Director | Updated format and annual review |
| 1 | 10/7/2011 | Safety Director | Updated format and annual review |
| 1 | 5/11/2016 | Safety Director | Updated format and annual review |
| 1 | 6/30/2017 | Safety Director | Annual review |
| 1 | 5/4/2018 | Safety Director | Annual review |
| 1 | 6/10/2019 | Safety Director | Annual review |
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