# Emergency planning

1. **AIM:** The aim of this program is to develop an emergency response plan and procedures to prevent further injury to people, damage to property or the work environment, in the event of an unplanned incident.
2. **WHAT:** Our emergency response plan will consist of:

### **Procedure**

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |
| Form 9A Emergency response plan |
| **Incidents identified** | **Yes/No** |
| Fire |  |
| Medical injury |  |
|  |  |
|  |  |

### **Site plan**

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |
| Form 9C Diagram showing equipment to be used during the management of an emergency |
| **Equipment identified** | **Yes/No** |
| Work and storage areas |  |
| First aid locations |  |
| Emergency muster points |  |
| Communication points (UHF, phone etc) |  |
| Fuel and chemical storage |  |
| Firefighting equipment |  |
| Access and egress points |  |
| Fixed plant |  |
| Emergency phones |  |
|  |  |
|  |  |

### **Letter to emergency services**

Send a letter or email to local emergency services to notify them of your existence/location and a copy of the site procedure and plan is to be sent with this letter.

|  |  |
| --- | --- |
| Date sent:  |  |
| How sent: (eg email, hard copy) |  |
| Form 9A Letter for emergency services |
| Person responsible for this letter: |  |

### **First aid personnel**

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |
| Form 9D First aid training |

### **Warning systems**

In an emergency, people on site will be alerted to the emergency via the use of the warning/alarm system, which is:

|  |  |
| --- | --- |
| **Type of warning system** | **Location** |
|  |  |
|  |  |

### **Withdrawal conditions**

|  |  |
| --- | --- |
| Emergency assembly point location: |  |
| Person responsible for taking visitor’s book (Section 13 of the SMS) to the emergency assembly point: |  |

1. **WHO:** The emergency response plan and procedure have been developed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominated person) after consultation with the workforce and local emergency services
2. **HOW:** Our mine has identified its potential emergencies using a risk-based approach. Consultation has taken place with the workers and where possible relevant emergency services. After this consultation Form 9A and Plan 9C have been formulated. The emergency procedure and plan will be communicated to the workforce through our induction program and safety meetings. Training in the use of emergency equipment, such as first aid or firefighting equipment will be conducted through Program 14 Training.

|  |  |
| --- | --- |
| **Task to be completed** | **Date completed** |
| Form 9A Emergency procedure |  |
| Form 9C Diagram showing equipment to be used during the management of an emergency |  |
| Communicate to workforce |  |
| Training |  |

1. **WHEN:** To ensure that the procedure can deal with emergencies, an emergency drill should be carried out. All workers will be made aware of the emergency plan during their induction and during the annual review conducted as part of the yearly safety plan (Program 1).

|  |  |
| --- | --- |
| **Emergencies** | **Date**  |
| Emergency drill |  |

1. **ACTION:** Train all employees and contractors in the use of the procedures. This should be recorded in your
2. **DOCUMENT CONTROL:** Emergency procedures and the site plan will be recorded on the *Document control master list* (Form 3A). Originals are to remain part of this SMS.

# Form 9A: Emergency procedure

In the event an emergency

KEEP CALM

**DIAL 000 or 112(mobile)**

1. Tell the operator which service you require and provide them with the site’s details.
2. If possible send a person to the front gate to direct Ambulance or Emergency Services.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest cross road: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPS coordinates Lat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire brigade phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| FIRE | MEDICAL | OTHER |
| Type of fire |  | Number of people injured |  |  |
| Size of fire |  | Type of emergency |  |  |
| Ensure people are accounted for |  | Injuries |  |  |
| If safe, remove all plant from the area |  | Ensure area is safe before giving help |  |  |
| Contact management |  | Contact management |  |  |
| Only attempt to extinguish fire if safe |  | Once area is safe complete DRSABC and give help |  |  |
| Isolate mobile plant for 24 hours |  | Send escort for emergency services |  |  |
| Preserve the scene |  | Preserve the scene |  |  |
| Contact the regulator | 1300 814 609 | Contact the regulator | 1300 814 609 |  |
| Investigate (program 12) |  | Investigate (program 12) |  |  |

REMEMBER

QUICK RESPONSE CAN SAVE LIVES

Form 9B

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Officers,

I am writing this letter to inform your station of an extractive industry we are operating within your station zone.

The attached page lists the following information:

1. name of operation and manager
2. type of operation
3. written directions to the operation, a map and site plan
4. contact telephone numbers and names
5. extraction taking place and number of workers
6. plant and equipment used to win and process the product
7. the maximum number of persons that may be on site at the time of an emergency
8. equipment on site to assist in the event of an emergency

The site is open \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. When open, the hours of operation are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We would also like to extend an invitation to all station officers to visit the site for an inspection of the operation and review emergency procedures.

We hope this information may assist officers in the event of an emergency and look forward to further communication with your station.

I may be contacted by telephoning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for further information or to arrange a site visit.

Yours sincerely,

|  |
| --- |
| **DETAILS OF QUARRY OPERATIONS** |
| Mine operation name |  |
| Type of operation | Surface open cut  | Underground  |
| Processing plant  | Other: |
| **LOCATION DETAILS** |
| Street and number |  |
| Suburb/town |  |
| Nearest cross road |  |
| GPS coordinates | Lat: | Long: |
| **CONTACTS** |
| Primary contact |  | Phone: |
| Secondary contact |  | Phone: |
| After hours contact |  | Phone: |
| Maximum number of people on site |  |
| **DETAILS OF WORK UNDERTAKEN (including number of workers)** |
|  |
|  |
|  |
| **PLANT & EQUIPMENT ON SITE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **CHEMICALS / FUELS / EXPLOSIVES ON SITE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **EMERGENCY EQUIPMENT ON SITE** |
|  |  |  |
|  |  |  |
| **OTHER INFORMATION** |
|  |
|  |
|  |
| Name | Signature | Date |
|  |  |  |

# Form 9C Site emergency plan

Draw your site emergency plan here:



Form 9D First aid officers

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Qualification  | Date issued | Expire date  |
|  |  |  |  |
|  |  |  |  |
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