# Construction Emergency Medical Services Plan

1. Name of company: 2. Site lead/foreman:

3. Project site address:

4. First aid trained individuals:

5. Location of Safety Data Sheets (SDS) for chemicals used:

6. Location of first aid kit and name of person responsible to verify contents:

7. Is the project site 5 or more floors or 48 feet or more above ground level? [ ] **YES** **[ ] NO** (select one)

If **YES**, the following are needed:

* Two-way voice emergency communication system installed

Location:

* Basket litter equipped with straps and two blankets or similar covering

Location:

8. Name/address of nearest hospital (attach map):

9. Emergency numbers (to be posted at jobsite or provided to all employees):

* Hospital:
* Physician/non-emergency medical providers (at least 2):
* Fire:
* Medical:

10. Other emergency information:

*Note: If the site is a multi-employer job site and the general contractor and subcontractors agree to form a combined Emergency Medical Services Program, one written plan is acceptable. Each employer should review and understand the combined plan and inform employees of the procedures.*