

**Worksite emergency transportation plan**

**Disclaimer:** This document is intended to be a resource document only. The farm will need to customize it and make it farm-specific. Once this document has been customized by the farm, this disclaimer and the logo located in the upper right corner of the page may be deleted and replaced with the farm’s logo. If you require assistance, please contact **AgSafe Alberta** at info@agsafeab.ca or visit [www.agsafeab.ca](http://www.agsafeab.ca) for learning opportunities, tools and resources.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date Completed** |  |

|  |
| --- |
| **Worksite Details** |
| **Site name** |  | **Nearest town/village** |  |
| **Rural address** |  | **Legal land description** |  |
| **GPS Coordinates** |  | **Nearest intersection** |  |

|  |
| --- |
| **Emergency Communication Methods** |
| **Communication method(s) to be used at worksite** |  | **Communication method to be used with hospital, etc.** |  |

|  |
| --- |
| **List the First Aiders on site, their level of training, who will drive the emergency transport vehicle and who will be the accompanying person, if needed or applicable.** |
| **First Aider Name** | **Level of Training** | **Role in an Emergency** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **List the First Aid supplies on-site and in the emergency transport vehicle.** |
|  |

|  |
| --- |
| **Emergency Transport Vehicle Information** |
| Vehicle name, description, location at site, etc. | Transport vehicle requirements |
|  | ❑ Will protect the people onboard from the weather❑ Can accommodate a stretcher and accompanying person❑ Has a tested communication method in place |

|  |  |
| --- | --- |
| **Emergency Contact Numbers** | **Farm & Other Contact Numbers** |
| Police/Fire/Ambulance 9-1-1Hospital Name (000) 000-0000Other (000) 000-0000 | Farm Owner Name (000) 000-0000Human Resources Person Name (000) 000-0000OHS Contact Centre 1 (866) 415-8690 |

|  |
| --- |
| **Emergency Travel Information** |
| ❑ A map and directions of the most direct route from the worksite to the nearest hospital is attached.❑ A map and directions with an alternate route from the worksite to the nearest hospital is attached. |

|  |
| --- |
| **Other important information** |
|  |