



Emergency Response Form
Type "A" Emergency – MEDICAL

Date: _____ Time: _____

Name of Person Initially Calling/Reporting: _____

Name of Injured and Brief Description: (Type of injury, severity, body part)

Exact Location of Injured: _____

'May-Day' Called on Radio? Yes / No (Circle one) Time: _____

Are Paramedics Needed: If yes, call '911' or request the BP ROC to call.

Time of Call: _____ Call Made To: 911 or ROC (Circle one)

Are Fire/Rescue Needed: If yes, call '911' or request the BP Roc to call.

Time of Call: _____ Call Made To: 911 or ROC (Circle one)

Responsible Person Dispatched to Meet and Direct Ambulance? Yes / No (Circle one)

Name of Person Dispatched: _____ Time: _____

Name and Time BPWE ROC Contacted: _____

BPWE HSSE Advisor Dispatched? Yes / No (Circle one) Time: _____

Site Manager Dispatched? Yes / No (Circle one) Time: _____

End of Response Time: _____

Name of Person That Accompanied Injured to Hospital: _____

Authorization and Request for Drug Screen? Yes / No (Circle one)

DO NOT DISCARD

**THIS FORM IS A LEGAL DOCUMENT AND MUST BE RETAINED FOR A
MINIMUM OF 36 MONTHS**