



Emergency Response Form
Type "C" Emergency – Catastrophic

Date: _____

Time: _____

Name of Person Initially Calling/Reporting: _____

Type of Disaster: _____

Headcount Conducted? Yes / No (Circle one) Results: _____

Note: The site must perform a physical head-count and be accountable for all employees. Jobsite office should maintain a crew roster and sub-contractor list for emergency accountability.

Shut off Gas/Water/Electric? Yes / No / n/a (Circle one) Time Shut off: _____

Are there any injuries? Yes / No (Circle one). If yes, give a brief description: _____

Are Paramedics Needed? If yes, call '911' or request the BP ROC to place 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)

Is a Spill Response Team Needed? Yes / No (Circle one) If yes, call number below:

Spill Response – **TBD**

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

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

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

Name and Time BPWE ROC Contacted: _____

Name of Person That Accompanied Injured to Hospital: _____

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

End of Response Time: _____

DO NOT DISCARD
**THIS FORM IS A LEGAL DOCUMENT AND MUST BE RETAINED FOR A
MINIMUM OF 36 MONTHS**