

EMERGENCY MANAGEMENT CHECKLIST

Name:		Position:	
Workplace:		Date:	

Emergency Management Criteria	Yes	No	N/A	Actions Required / Comments
Is there a documented emergency management plan available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the emergency management plan subject to regular review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all potential (both likely and unlikely) emergencies been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are roles and responsibilities clearly defined for emergency management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SAMPLE

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Inspection Summary / Additional Comments