

# EMERGENCY MEDICAL PLAN

*WAC 296-54-513 (9) Each worksite must have an emergency medical plan to ensure rapid emergency care for employees with major illnesses and injuries*

Employer \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Job Site Cell Phone Number \_\_\_\_\_ Company radio frequency \_\_\_\_\_

## Job Site Location

\_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

\_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_  $\frac{1}{4}$  Section \_\_\_\_\_

Directions to site \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property ownership \_\_\_\_\_ County \_\_\_\_\_

## Emergency Medical Services

Ambulance Phone Number: 911 or \_\_\_\_\_

Helicopter Phone Number: \_\_\_\_\_

Working behind locked gate(s)?  No  Yes If yes, describe procedure

for emergency vehicle access \_\_\_\_\_  
\_\_\_\_\_