

EMERGENCY PLANNING
INFORMATION QUESTIONNAIRE

NAME OF ORGANISATION: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

ERF NO: _____

TELEPHONE NUMBERS: TEL _____ FAX _____

HEAD OF ORGANISATION: _____

NATURE OF BUSINESS:- _____

NO. OF FLOORS:- _____

MAX NO. OF FLOORS _____ BUILDING _____

NUMBER OF OCCUPANTS: _____

CONTACT PERSON CELL _____ TEL _____

IS THERE AN EMERGENCY PLANNING POLICY IN PLACE? YES/NO

NAME: _____

SIGNATURE: _____

DESIGNATION: _____

DATE: _____

2. PLANNING

Are preventative measures in place with regard to identified threats?

EQUIPMENT	YES	NO
Transport		
Manpower:-		
Trained Fire Fighters		
Trained First Aiders		
Trained Nursing Sister		
Alternative Workplace		
Alternative Co-ordinating Centre		
Security		
Other eg. Food, Blankets etc		

MEDICAL	YES	NO
First Aid Room		
First Aid Kits (OHASA)		
Stretchers		
Other eg. Disaster Equipment		

FIRE	YES	NO
Hydrants		
Sprinklers		
Hose Reels		
Extinguishers		
Fire Blankets		
Detectors (Smoke / Fire)		
Alarm / Break glass		
Mimic Panels		
Fire Doors		
Deluge Equipment (Computer Suite)		
Breathing Apparatus		
Protective Clothing		

EVACUATION	YES	NO
Site Location Plan		
Floor Plans with Evacuation Routes and Alternative Routes (SABS 0400)		
Signage (SABS 1186)		
Alarm Signals or Codes		
Emergency Lighting		
Assembly Areas		
Shelter Areas		

COMMUNICATION	YES	NO
Telephones		
Intercoms		
Public Address Systems		
Alarm Siren or Bell		
Radios		
Megaphone		
Pagers		
Other		

EMERGENCY PROCEDURES	YES	NO
Reactive Procedures / Flipcharts		
Checklists / Fire Inspection / Exercises		
Emergency numbers		
Neighbours Notification		

3. EMERGENCY PLANNING STRUCTURE

		YES	NO
1.	Emergency Co-ordinator		
	Alternative Emergency Co-ordinator		
2.	Fire Team Leader		
	Alternative Fire Team Leader		
3.	First Aid Co-ordinator		
	Alternative First Aid Co-ordinator		
4.	Wardens		
5.	Security		
	Alternative Security		
6.	Press Liaison		

DOES THE EMERGENCY CO-ORDINATOR HAVE A LIST OF STAFF HOME CONTACT NUMBERS? _____