

*The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.*

**(10) EMERGENCY ACTION PLAN**

Name: \_\_\_\_\_ Date : \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

1. Are you required to have an emergency action plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Does the emergency action plan comply with requirements of T8CCR 3220(a)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Have emergency escape procedures and routes been developed and communicated to all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Do employees, who remain to operate critical plant operations before they evacuate, know the proper procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Is the employee alarm system that provides a warning for emergency action recognizable and perceptible above ambient conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Are alarm systems properly maintained and tested regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
7. Is the emergency action plan reviewed and revised periodically? Do employees now their responsibilities:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
a. For reporting emergencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

<b>b. During an emergency?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Comments:</b> _____ _____
<b>c. For conducting rescue and medical duties?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Comments:</b> _____ _____