

## Appendix 2

### 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(s) \_\_\_\_\_

Is there cell phone service at the job site: Yes \_\_\_ No \_\_\_ If no, provide directions to the nearest location for cell service:

\_\_\_\_\_

#### Job Site Location

\_\_\_\_\_ Latitude

Longitude

\_\_\_\_\_ Township Range Section <sup>1</sup>/<sub>4</sub> Section

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

\_\_\_\_\_

\_\_\_\_\_

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

#### Emergency Medical Services

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

Helicopter Phone Number: **911** or \_\_\_\_\_

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

vehicle access \_\_\_\_\_

\_\_\_\_\_