



Wagner-Meinert, Inc.

Engineers - Contractors
Fort Wayne, Indiana

EMERGENCY RESPONSE

PLAN
ASSESSMENT
FORM

This form is to be completed after each implementation of the Emergency Response Plan and submitted to the Plant Manager and within 30 days.

Date Emergency Response Plan was Implemented:	
Time Emergency Response Plan was Implemented:	

Acting Incident Commander: _____

Acting Safety Officer: _____

Acting Reporter: _____

Acting Operations / Entry Officer: _____

Acting Decontamination Officer: _____

Acting Security Officer: _____

Acting Emergency Responders: (Include any 3rd Party Responders make note of the Organization)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Acting Decontamination Personnel:

Plan was implemented for a (*please circle one*):

Drill Fire Release Tornado Other (Specify):

Were there any problems in implementing the plan?

Yes No

Comments:

Was the performance of the site personnel satisfactory?

Yes No

Comments:

Was the performance of the emergency response teams satisfactory?

Yes No

Comments:

Was the treatment of exposed personnel on-site adequate?

Yes No N/A

Comments:

Was the treatment of exposed personnel off-site adequate?

Yes No N/A

Comments:

Was the on-site communications systems adequate?

Yes No N/A

Comments:

Was the off-site communications systems adequate?

Yes No N/A

Comments:

Was the emergency power and lighting systems adequate?

Yes No N/A

Comments:

Recommendations for changes in equipment, procedures, additional comments, etc.:

(Signature of Incident Commander) _____

(Date) _____