

Emergency Management Plan

Event Name _____
Event Location _____
Date of Event _____

Emergency Coordinator _____
Phone Number/s _____
Email _____

Secondary Contact _____
Phone Number/s _____
Email _____

Note: The "**Emergency Coordinator**" is the person who serves as the main contact person for the event should an emergency occur. The emergency coordinator is responsible for making decisions and following the steps in the emergency response plan. In the event that the Emergency Coordinator cannot be contacted then the secondary contact would take on this position.

Details of Communication Method E.g. Public Address _____

First Aid officer _____
Qualification Held _____ **Expiry** _____
Location of First Aid Kit _____

Signature of Event Coordinator _____
Date of Completion _____

Contact Numbers	Emergency	Local Contact
Police	000	
Ambulance	000	
Fire	000	
Hospital	<i>Enter Local Hospital Number</i>	
SES	132500	
Other <i>Enter Details</i>		

