

Project or Activity:			
Location:			
Person Completing Plan:		Date:	

<b>Project Hazard Assessment and Controls</b>	
List the potential hazards or adverse events associated with this project. <i>(consider potential injuries or illnesses, etc.):</i>	List the mitigation or control measures to reduce or eliminate the hazards. <i>(such as training, equipment, safety rules, etc.)</i>

<b>Emergency Response Measures</b>	
Emergency Contacts	
911 or local dispatch line:	911
Project address and location information:	
Name and location of nearest medical facility:	
Other emergency contacts:	
Office	
Workers Compensation	
<u>Other Emergency Response Measures</u>	
First Aid supplies and training	
Please complete an Incident Report and submit to ANR Risk Services within 48 hours.	Incident Report form is available at: <a href="http://ucanr.edu/incidentreport">http://ucanr.edu/incidentreport</a>