***This Plan must be kept at your event location.***

|  |  |  |  |
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| **EMERGENCY CONTACT DETAILS** | | | |
| Event Supervisor: |  | Mobile: |  |
| Safety Supervisor: |  | Mobile: |  |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY LOCATIONS** | | |
|  | **Description** | **GPS Co-ordinates** |
| First Aid Kit Location: |  | N/A |
| Medical Assistance:  *e.g. ambulance/1st Aid Officer* |  |  |
| Phone Type / Reception: |  | N/A |
| Emergency Meeting Point: |  | E: / N: |
| Helicopter Landing point: |  | Lat: / Long: |

|  |
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| **PROCEDURES TO OBTAIN AMBULANCE ASSISTANCE** |
| 1. Dial 000  2. If there is no mobile coverage, dial 112 (which will work on any accessible mobile phone system).  3. If no response on 112:   * move to an area with mobile coverage * find a landline * use another network (e.g. a VHF radio) |

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| **000 OPERATOR QUESTION:** | **RESPONSE:** | |
| 1. Police, Fire, Ambulance? | *Police, fire or ambulance as required*  Nearest operations centre for ambulance: | |
| 2. Suburb? | State Forest name: |  |
|  | Nearest town or locality: |  |
|  | Nearest Ambulance Station: |  |
| 3. Address? *(at a min enter Road details)* |  | |
| 4. Nearest road junction/cross street? |  | |
| 5. Local Government Area? |  | |
| 6. Nature of the problem? | *Describe the accident, number, age and condition of casualties. Are they conscious, are they breathing?* | |
| 7. Where is the accident? |  | |
| Directions to navigate from nearest ambulance station to the emergency meeting point. |  | |
| 8. 4WD ambulance required? | Yes/No: UHF radio channel to use: | |
| 9. Injuries? | *Give detailed information about the condition of the casualty (do not mention names over radio system)* | |
| 10. Your name and call back number: |  | |