

### Site Rescue & Fire Plan

Implement “Site Rescue & Fire Plan” for all CRITICAL activities during construction, installation, operation, maintenance, turnaround, rehabilitation, standby, alteration, decommissioning, mothballing, and demolition jobs for rapid rescue and fire firefighting response.

Location:		Vessel/Equipment/Tank/Tunnel No.:
No.	Check Item	Remarks/Explanation
1.	The type of liquid contained or processed in the vessel, equipment, tank, or tunnel.	Example, Water, H <sub>2</sub> S, Benzene
2.	Site visit was conducted and potential hazards were identified.	Yes or No
3.	Configuration of vessel/equipment/tank as per structural drawing. (Vertical, horizontal, ground level, high elevation, clean, liquid, opening, single/multiple manways, limited space, obstruction or confined space.)	High elevation opening or confined space.
4.	Type and quantity of firefighting required.	DPC or Foam Extinguisher or Fire Truck/Brigade
5.	Type of rescue required.	Non-entry rescue, with entry rescue, or high angle rescue, etc
6.	Rescue team identified type of lifesaving and rescue equipment's and it is available.	Yes or No
7.	Identify trained team for the rescue and firefighting efforts, as well as their backups. (Trained O&M staff could serve as backup.)	Done or Not Done
8.	Identify special PPE for the rescue and firefighting teams and make sure it is available.	Done or Not Done
9.	Life vests/jackets are available when working near or over water.	Yes or No
10.	Retrieval systems such as a full body harness and life lines are available.	Yes or No
11.	Location of the rescue and firefighting team's personnel during the job.	Write location.
12.	Communication means to be used by the entrants/crew to alert the standby man in case of emergency.	Whistle, waki talkki, mega phone, wireless, air horn, etc.
13.	Communication means to be used by the standby man to alert the rescue and firefighting teams.	Whistle, waki talkki, mega phone, wireless, air horn, etc.
14.	Is it necessary to have first aid professionals?	Yes or No
15.	Is it necessary to have Ambulance at site?	Yes or No

Name	Job Title	ID No.	Signature	Date
	Site Supervisor			
	Fire Team Representative			
	Rescue Team Representative			

Note: Attach copy to Work Permit.