

EMERGENCY PLANS REVIEW LOG

Date Developed		
Date Back-Up Staff Plan	Date Environmental Plan	Date of Medical Plan

Review of Back-Up Staff Plan
 Review of Environmental Plan
 Review of Emergency Medical Plan

Review of Emergency Plans		
Date Reviewed	Review Details	Employer Signature
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
Review of Fire-Disaster Plan		
Date Reviewed	Review Details	Employer Signature
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
Review of Emergency Medical Plans		
Date Reviewed	Review Details	Employer Signature
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Review Completed <input type="checkbox"/> Revised <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Employer of Record and/or Representative is required to review Emergency Plans a **minimum of quarterly** and to update/revise them as needed. Please keep all completed forms.