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8.00am - 4.00pm MON - FRI

# Emergency Management Plan

## 1. EVENT DETAILS

Event details	
Name of Event	
Date of Event	
Location of Event	

## 2. EMERGENCY PLAN OBJECTIVE

Describe the aim of the plan

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### 3. EMERGENCY MANAGEMENT CONTACT LIST

(List all individuals who will be part of your emergency management team a such as Police, Hospital, St Johns, DFES, Water Corp and other stakeholders)

<b>Emergency Management Team</b>			
<b>Organisation</b>	<b>Name</b>	<b>Role</b>	<b>Phone Number</b>
<b>How will your emergency management team be identifiable? (i.e. uniform/ hi vis)</b>			
<b>How will your Emergency Management Team, competitors and the public be made aware of the emergency management procedures?</b>			
<b>How will your Event Management Team communicate with one another and competitors? (include back up plan)</b>			
<b>How will you ensure all electrical equipment, firefighting equipment, gas fittings and other equipment are safe and effective for use at the event?</b>			

#### 4. EMERGENCY RISKS & PROCEDURES

What are the risks associated with your event?	
Potential Risks	Procedure if risk occurs
Medical Emergency	1. 2. 3. 4.
Fire	
Explosion	
Bomb threat	
Electrical Failure	
Hazardous material / Gas Leak	
Missing Person	
Person entrapment	
Civil Disturbances	
Severe Storm	
Vehicle accident	

**5. EMERGENCY EVACUATION PROCEDURE**

**What is your emergency evacuation procedure?**

**6. SITE PLAN.**

(Location of firefighting equipment, emergency vehicle parking & access, first aid posts and assembly areas)

**Please provide copy of site plan below**