

Crisis Management Plan

Initiate Emergency Action Plan “EAP” and initial telephone calls to [REDACTED]

- **Fatality** - Treat the area of the project associated with a fatal event as a crime scene:
 - Lock down the area and post security personnel comprised of site staff, law enforcement, or contract security until scene is released by Oliver Construction Co.’s management.
 - Nothing is to be disturbed or leave this area until released by Oliver Construction Co.’s management.
- **Serious Injury** - Permit nothing to be disturbed or leave this area until released by the Safety Department:
 - Family members will be notified by Oliver Construction Co.’s Management.
 - Never release information about injured persons to anyone.
- **Incidents Involving Cranes** - Permit nothing to be disturbed or leave this area until released by Oliver Construction Co.’s management.
- **ANY CRISIS** – Secure the project site by posting staff at all access/egress points (gates, doors, etc.)
 - Prevent anyone from leaving until authorized.
 - Prevent unauthorized personnel from entering.
- Utilize forms in this plan.
- Refer to appropriate position Emergency Notification sheet.
- **DO NOT MAKE STATEMENTS TO THE MEDIA**
- Refer all inquiries to the designated spokesperson and/or Oliver Construction Co.’s management. Under no circumstance should anyone other than the designated spokesperson, speak to the media regarding the critical event without authorization from Oliver Construction Co.’s management.



SAFETY & HEALTH MANUAL

CONTACT LISTS

Project Information

Project Address (Mail): _____

Project Address (Delivery): _____

(XXX) XXX-XXXX Telephone

(XXX) XXX-XXXX Facsimile

Oliver Construction Co. Project Number: _____

Project Size/Description: _____

Start Date: _____

Completion Date: _____

Office Address:

General Contractors Addresses and Primary Contact:

Owner Addresses and Primary Contact:



SAFETY & HEALTH MANUAL

6. Crisis Management Plan

**Page
3**

Revision Date: 5/1/18

Updated:

Project Leadership Team

TITLE	NAME	PHONE
Project Manager		
Project Superintendent		
President		
Vice President		
Safety Department		
Insurance Company		

Use these numbers when reporting crises after hours in accordance with the INCIDENT RESPONSE NOTIFICATION GUIDE below:

Incident Response Notification Guide

	Incident Type	Notification	Timing on site or notified
1.	Near miss incident	Safety Department	As Needed
2.	Serious injury, death or significant property damage	<i>Contact Person</i>	ASAP
3.	Any 911 call related to the project	<i>Contact Person</i>	ASAP
4.	Property theft from the Project	<i>Contact Person</i>	As Needed
5.	Audit by governmental agency	<i>Contact Person</i>	ASAP
6.	Visit to project by any Law Enforcement Agency, including the FBI	<i>Contact Person</i>	Immediately
7.	Discovery of defective work, resulting in property damage or any personal injury	<i>Contact Person</i>	ASAP
8.	Visit by OSHA	<i>Contact Person</i>	Immediately
9.	Service of any Legal Documents or telephone calls from any attorney	<i>Contact Person</i>	ASAP
10.	Team member misconduct that could result in media inquiries	<i>Contact Person</i>	ASAP
11	First Aid administered at the site or at the clinic	<i>Contact Person</i>	As Needed
12	Injury resulting in a medical only or restricted duty	<i>Contact Person</i>	Immediately
13	Injury resulting in lost work day or; injury resulting in overnight hospital stay	<i>Contact Person</i>	Immediately

ACCIDENT PREVENTION PLAN

[Directions to Emergency Facilities / Hospital pasted from web site]





SAFETY & HEALTH MANUAL

6. Crisis Management Plan

Page 6

Revision Date: 5/1/18

Updated:

OLIVER CONSTRUCTION CO. PROJECT EMPLOYEE LIST

Please type or print legibly

NAME	Employee	CELL PHONE

The employee list should be updated at the main office and distributed to the project



SAFETY & HEALTH MANUAL

6. Crisis Management Plan

Page 7

Revision Date: 5/1/18

Updated:

SUBCONTRACTOR LIST

Please type or print legibly

Subcontractor Name & Address	Work Scope	Contact Person	Telephone Number Fax Number

Note: List those on site at the time of incident.

Supplier Name & Address	Work Scope	Contact Person	Telephone Number Fax Number

Note: Identify vendors who will supply emergency equipment i.e. fans, pumps, equipment for dewatering, generators, etc.



SAFETY & HEALTH MANUAL

**6. Crisis
Management Plan**

**Page
12**

Revision Date: 5/1/18

Updated:

MEDIA LOG SHEET
(Document any released information)

Project Title: _____

Publication: _____

Reporter/Phone: _____

Facts Given:

Date/Time: _____

Publication Date: _____

Completed by: _____

Whenever possible, attach a hard copy of released information and copy of any articles as published. Note channel, date, and time of television or radio news reports.

